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ABSTRACT

This teaching guide on poison prevention was designed for use with children in kindergarten and the primary grades. Section I presents background material, including a description of the poisoning problem, a discussion of objectives, suggested approaches and ideas for working with parents and the community. Section II contains suggested learning experiences in the form of games, finger plays, stories, puppets, a visit to a drug store, etc. Section III presents ideas for culminating activities such as school assembly programs, exhibits, and a home safety check list. Also included are ideas for evaluating the program, a list of resources for the teacher and supplemental worksheets and activities for pupils. (JMB)

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a guide to Teaching Poison Prevention in Kindergartens & Primary Grades

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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PREFACE

This manual is being published for the third time because of its enthusiastic acceptance by teachers as a classroom total. Hopefully, it will be used as part of a nationwide effort to reduce the toll of childhood injuries and deaths from accidental poisoning.

That such an effort can be—and is—successful has been shown in recent years by the decline in the number of childhood fatalities from accidental poisonings, particularly involving aspirin. In 1973 declines over the previous year of 31% are shown for all childhood poisonings and 43.5% for poisonings involving aspirin products.

This reduction comes as a result of several factors. Concerted education programs in schools and community-wide activities were planned to highlight National Poison Prevention Week. Manufacturers have voluntarily limited the number of flavored aspirin tablets per container. And Federal legislation—such as the Poison Prevention Packaging Act—has been put into effect. This Act, which is designed to protect children under five years of age, provides for changes in certain packaging and/or closure designs, making it difficult for these youngsters to gain access to package contents.

A still further reduction of this poisoning tool is possible through the concerted efforts of parents, teachers, and all responsible adults—and of the children themselves as they become more concerned about safety for themselves and for younger brothers and sisters. Hopefully, the poison prevention lessons children learn in this book will carry over into their adult lives when they become parents and become responsible, in turn, for the safety of their own small children. Poison prevention is a life-long, everyday project.

If the life of one child is saved through the lessons taught by this book, its publication is worthwhile!

U.S. CONSUMER PRODUCT SAFETY COMMISSION
Washington D.C. 20207

PREFACE TO THE FIRST EDITION

In 1964, THE POISON CONTROL BRANCH of the Public Health Service's Division of Accident Prevention published *A Guide for Teaching Poison Prevention in Kindergartens.* The manual was one of the results of a demonstration project conducted cooperatively by the Public Health Service, the South Carolina State Board of Health, and the Charleston County Health Department.

The original Guide was part of an extensive campaign in Charleston County to educate the public to the fact that accidental poisonings can be prevented.

After an enthusiastic reception in that State, the Guide was reproduced and sent to several States, including California, Kansas, Rhode Island, and Alabama.

This revised edition is the result of recommendations made by health and education authorities who participated in tests in those States. Among other requests, they asked that the new Guide be designed for use by the first three elementary grades, as well as for the Kindergartens.

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BACKGROUND

The Problem

Each year, over 3,000 people die from accidental poisoning; approximately 250 of these are young children. The Food and Drug Administration's National Clearinghouse for Poison Control Centers estimates that accidents involving potentially hazardous substances occur to 800,000 children annually. The Fact Sheet on page 47 provides a quick summary of the factors involved. On page the substances most frequently ingested by children are listed. This information should be understood by every adult responsible for the safety of young children.

While it is true that most poisonings occur to preschool children, the hazards to older children remain very real, particularly from certain types of products with which they work and play. During early school years, children share much of the curiosity of preschool children about the hundreds of items to which they are exposed in their homes, and they are almost as unrestrained in their explorations and testing as are the preschoolers. Their curiosity is aroused about new products shown on TV. When they see these same products in their mothers' kitchens or on the grocery shelves, they are filled with interest although they may be unaware of the dangerous aspects. The increasing desire of children at the primary grade level to imitate what their parents do also exposes them to many poisoning hazards. Examples are the simple household chores of spraying insects in the kitchen and the giving or taking of medicine.

All too often parents share their children's lack of awareness about the potential dangers of leaving medicines and everyday household and hobby products within the reach of younger brothers and sisters. Many parents do not know which substances are toxic. They keep in the home all kinds of substances that might harm their children. Because parents often learn from children, what to do about poisoning in the home could be taught parents by their youngsters.

Because the small child must have freedom to explore as a natural part of his development, the environment must be made as hazard-free as possible. Storage patterns of potentially harmful materials should also be related to his growth and development. For example, if he is crawling, household products should not be stored below the kitchen sink. If the child is walking, bottles and boxes containing medicines or household products should be put out of reach before answering the telephone or doorbell. If he is able to climb, products should be locked up or stored on a shelf that is too high for him to reach. As the child grows older, protection must yield to education. The teacher cannot be with the child continuously. The child's real safety will be insured when he can protect himself through knowledge.

An understanding of the poisoning potentials of certain commonly used products and the simple steps which can be taken to prevent poisoning accidents should be part of every child's educational equipment. Now that school science projects are reaching down into kindergarten and the lower grades, we can teach children to regard substances with poisoning potential with the proper awe—and distance. Because children cannot be completely protected from exposure to daily hazards, the young must be educated to the possibility of poisoning. They should acquire safe habits that will spell self-protection.

Teaching Objectives

1. To assure a safe school environment for pupils.
2. To provide pupils with experiences which will:
   a. Help them recognize situations which involve potential poisoning hazards.
   b. Aid them to develop a sense of responsibility for the safety of themselves and others in relationship to the use of potentially poisonous substances, especially in the home.

c. Develop their understanding of the need to "ask before tasting" and to form the habit of doing so.

3. To reach parents with lifesaving information on prevention of poisoning in the home through pupils' interest.

Specific Objectives for Pupils

1. To learn ways to help parents protect younger brothers and sisters from poisoning at home.
2. To learn what general types of materials encountered in the home, school, and community environment may be potentially poisonous; how to recognize them; and how to avoid any chance of poisoning by contact with them.

Understandings To Be Developed

1. It is wise to keep anything other than food away from the mouth. While not everything is poisonous, most objects and materials are either unsanitary (like fingers) or may be injurious (like pencils and pins).
2. It is unwise and often dangerous to eat or drink anything that one is not sure is safe. Something that looks good or harmless may be poisonous. "Always ask first."
3. Medicine is not food or drink. Pills are not candy. Cough syrups are not like flavored syrup used for drinks. These substances are for a person only if they are prescribed for a specific illness and are taken in the exact quantities the doctor ordered. Never take medicine intended for someone else. Never take medicine unless a grownup dispenses it. Never give medicine to another child.
4. Children should avoid handling cleaning fluids, fertilizers, insecticides, gasoline, and kerosene. Adults should know how to use these products skillfully and should take every safety precaution. Children should not handle containers in which such materials have been stored.
5. Children should stay at a distance when adults are using sprays and other materials that send a vapor or liquid into the air. Sprays may be dangerous when they get into the eyes or are breathed into the lungs. Children should help keep younger boys and girls and pets away from such sprays, too. They should never handle spray cans or spray guns except under adult supervision and never point spray cans at someone else.

6. Children can assist their parents tremendously by helping to keep younger brothers and sisters and household pets away from potentially harmful materials. They can remind their parents when medicine bottles or containers for household products are left open or within reach of smaller children. They can learn to suggest safer places to store medicines and potentially poisonous household products. They can bring home information they have learned at school; for example, how safety packaging can protect younger brothers and sisters.

Motivation

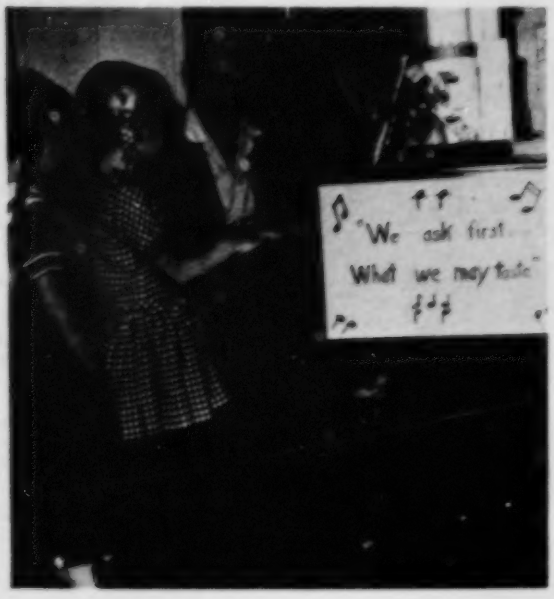
Children are naturally adventurous in spirit and are interested in the dangers to be encountered in the world around them; they like to discuss dangers and sometimes to experience them. While avoiding development of undue fear, we must motivate children to act with caution where real danger exists. We can relate their natural desire for new experiences to activities that will demonstrate safety as challenging and enjoyable. As every teacher knows, we must take children in their individual stages of growth and motivate them in relation to their greatest desires at a given age, particularly in poison prevention.

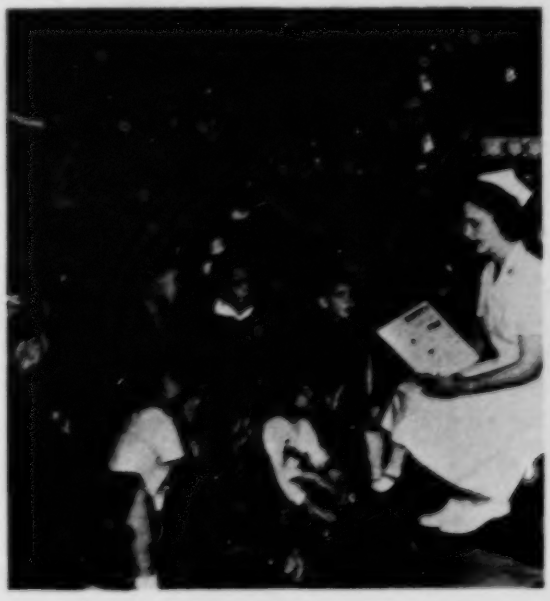
This material has been prepared to appeal first to children's natural desires to be regarded as more mature and knowledgeable than their younger brothers and sisters. Secondly, it is designed to encourage their eagerness to imitate their elders—not by handling the poisonous substances they see used—but by protecting their younger brothers and sisters in the same grown-up fashion as do their parents.

Suggested Approaches

Teaching poison prevention to the young child can be a hazardous matter in itself if the topic is not handled with great caution. The first reaction of a young child to an idea is to explore it. To say "Don't" is often the same as to suggest "Do." Therefore, a positive approach in controlling actions relating to potentially poisonous substances is essential. The subject may be appropriately introduced in relation to—

1. Any classroom situation in which new material is of a possibly poisonous nature:
   a. Chemicals for science experiments or plant culture.
   b. Special materials used by teacher or school custodian for cleaning walls, desks, or floors; or for insect control; or to disinfect the classroom.





c. Craft materials, such as felt pens.

2. Discussion of personal experiences:
   a. Illness of a classmate, requiring visit of doctor and administration of medicine.
   b. Baby brothers and sisters and how we care for them.
3. Dramatic play activities:
   a. Playing house.
   b. Taking care of baby.
4. Trips to supermarket and drug store.
5. Traditional kindergarten-primary grade study areas.

Appropriate Placement of Material

The materials included on these pages are offered as *suggestions only* for the enrichment of the existing curriculum. The teacher may wish to select for her use those activities most appropriate to her classroom needs, and the age group, adapting those activities required to the needs of pupils. The teachers will want to encourage as much creative thinking and activity by the children as possible. Because there are so few textbooks and administrative guides available on the subject, the material on poison prevention is presented in great detail with the hope that as teachers use the material, they will develop resources of their own which they will share with others.

There are many places in the primary grade curriculum where the subject may be profitably introduced without altering the basic course of study or increasing the teacher's load. Discussions of safe and healthy living habits and family and community life naturally lend themselves to poison prevention education.

Working With Parents

It is an astonishing fact that many adults know little more than their children about the poisoning potential of such household materials as cleaners, polishes, and sprays that they use daily. Many adults assume that if a product is not labeled "Poison" it is harmless to use. Too few read the detailed information on labels giving directions for correct use. Most labels indi-

cate that the product is "safe" when used as intended. Many parents are completely uninformed about the seriousness of a poisoning accident and are apt to delay professional treatment "until they see what will happen." By educating the child, we often educate the parent.

The cooperation of parents is tremendously important to the success of the poison prevention instruction provided children in school. It is essential that certain basic information reach parents if what the children learn in school is to be carried successfully into the family's life.

Educating adults can be accomplished through individual and group parent conferences, a PTA program in school, letters to parents, showing of films on "Parents' Day" (See list on page 40, an assembly program or exhibit prepared by the children for parents, distribution of informative materials, and messages for parents prepared by the children as a result of their learning activities. This is truly an area of study in which pupils, parents, and teachers should work closely together.

Working With the Community

National Poison Prevention Week—Its Meaning for the Teacher:

Poison prevention education, like all phases of safety education, is an all-year responsibility, which cannot be relegated to a single day or year, or to a single subject area. Nevertheless, NATIONAL POISON PREVENTION WEEK offers the teacher unusual opportunities to promote this area of education.

During this period, doors will be opened which may be less accessible at other times. The attention of the entire community will be focused upon the problem of accidental childhood poisoning. Communications media such as TV, radio, and newspapers will cover various phases of the story, providing useful information that may be transferred to the classroom. Health departments, hospitals, clinics, poison control centers, medical societies, pharmacies, and safety councils may be able to provide speakers, films, bulletins, and posters. They welcome inquiries and provide classroom assistance. Physicians—particularly pediatricians—nurses, welfare workers, and other community members will concentrate upon poison prevention at this time. Business firms usually cooperate. If your class prepares a display on poison prevention, this is a good time to ask a store for window display space. Other community organizations may cooperate in developing school programs. Women's groups will also be alerted at this time.

Teachers who wish to broaden their knowledge of poison prevention and enrich the experiences of their pupils will want to take advantage of the special opportunities available during NATIONAL POISON PREVENTION WEEK.

National Poison Prevention Week

Public Law 87-319 authorizes the President of the United States to designate the third full week in March each year as National Poison Prevention Week. During this time, nationwide attention is targeted on poison prevention by the combined efforts of State and local community organizations.

This annual campaign is coordinated by the National Planning Council for National Poison Prevention Week. Its membership is composed of 29 representatives from medical and pharmaceutical associations, government agencies, and groups interested in the welfare of youth, public health, and safety. Members provide funds and services to prepare a variety of promotional materials (brochures, public addresses, spot announcements, fact sheets, suggested proclamations for governors and mayors, radio and television materials, and advertisements for newspapers). They also provide distribution services to the thousands of community groups seeking help with their individual poison prevention programs.

The U.S. Consumer Product Safety Commission, Bureau of Biomedical Science, serves as the Secretariat for the Planning Council which sponsors the observance. The Council has the following address:

National Planning Council for National Poison Prevention Week
P.O. Box 1543
Washington, D.C. 20013

Poison Prevention Packaging

Since 1970, efforts to protect children from the dangers of accidental poisoning have been augmented by the Poison Prevention Packaging Act, which was written to protect children under five years of age from serious personal injury or serious illness resulting from handling, using, or ingesting household substances which are potentially hazardous by reason of their packaging. Under this Act and current regulations written under its authority, safety packaging must resist opening by children (Eighty percent of the tested children must be unable to open it after 10 minutes' effort and visual demonstration of how to open the packaging after the first five minutes) and allow access to adults (Ninety percent of the tested adults must be able to open and resecure the packaging within five minutes without assistance and with only the printed instructions appearing on the package). Regulations in the future may establish different requirements.

Currently child-resistant packaging is required for preparations containing aspirin, methyl salicylate (oil of wintergreen), and controlled and oral prescription drugs. Other products required to be in this new packaging are those containing methyl alcohol (methanol), sulfuric acid, ethylene glycol (anti-freeze), and sodium and/or potassium hydroxide (drain cleaners), also turpentine, lighter fluids and fuels, certain furniture polishes. Soon certain paint solvents and iron containing preparations are expected also to require safety packaging.

Poison Prevention Packaging Act Exemptions

Drugs to which heart patients will need rapid access are not required to be in safety packaging, which some people may find difficult to open. These drugs are nitroglycerin and isosorbide dinitrate.

Under the Poison Prevention Packaging Act, a licensed medical practitioner (physician, dentist, veterinarian) may request non-complying packaging for prescription drugs, as can the purchaser. The latter—and only the latter—can request that *all* his prescriptions be dispensed in non-safety packaging. Manufacturers may market household substances subject to the standard in one non-complying size if other packages containing these substances are child-resistant.

Poison Prevention Effectiveness

The National Center for Health Statistics in Washington receives mortality reports from all states in the Union. The Center's compiled data show that accidental poisoning deaths among children under five have been declining for some years. In 1973, the year when regulations under the Poison Prevention Packaging Act augmented the efforts during National Poison Prevention Week, the decline became even more rapid—31% from the previous year. At the same time, the category for aspirin, which has always been the group of products most frequently involved in childhood poisoning deaths, dropped 43.5% to represent a smaller percentage in 1973 (17.4%) than ever before.

LEARNING EXPERIENCES

Interviews with Community Helpers

Neighborhood Mother
Nursery School Teacher
School of Public Health Nurse
School Doctor
Sanitary Inspector
Pediatrician
Pharmacist
Grocer
Health Officer

Purpose:

1. When children interview specialists in fields to which the children can relate, their interest is stimulated. They are also provided the experience of conversing with adults on topics of mutual concern. Such interviews improve children's skills in talking and analyzing. And children develop understanding and appreciation of the provisions made for their welfare, even though these provisions may impose restrictions.
2. The chief purpose of such interviews, from the child's point of view, is to learn more about how to protect himself and his younger brothers and sisters from accidental poisoning.
3. The child also will want to know about the specialist's work and his training and how both contribute to the public welfare.

Procedure:

If a school doctor or nurse is available on the school premises, he or she may be invited to talk to the class on problems brought up by the children's study of accidental poisoning. Often a parent in one of these professions will consent to visit the class or will invite a small group to his office.

Interviews with a nearby pharmacist or other local businessmen may be arranged at their places of work.

When it is not desirable to transport an entire class, arrangements may be made for a small "committee" to interview a community worker and report back to the class.

Before the interview, children should prepare questions they would like to ask the expert in order to save time.

The adult to be interviewed will also require briefing which should include: the purpose of the interview, the questions which may be expected, the attention span of the children, and the type of information they can absorb at their level of development. A single message, such as "Always Ask First," is more effective than information too advanced for children to absorb.

Suggested Activities:

1. Write letters requesting the interviews. Follow up with a letter thanking the interviewer for his time.
2. Plan and list questions to be asked during the interview.
3. Write a report on the interview for the school paper, to take home to the parents, and for the class record.
4. Dramatize the work of community workers through play activities, dramatic presentations, and flannelboard stories.
5. Prepare "movies," exhibits, murals, and picture displays.
6. Give oral reports to other classes.
7. Read about community workers in textbooks or library books and relate what children have learned about accidental poisoning to problems involved in their work.

EXCURSIONS

To A Supermarket or Grocery Store

To a Drug Store

To a Supermarket or Grocery Store

Purpose:

The average child knows the men and women who work in the local food store long before he goes to school. Today, even in rural sections, this store is likely to be a "supermarket" rather than a one-man enterprise. It may sell cosmetics, drugs, and many other items besides food. An excursion to the supermarket or grocery store, under the supervision of the teacher, will serve to reveal these familiar figures to the child in a new light—as members of the community who are responsible for protecting its health through their provisions for sanitary handling of foodstuffs and safe methods of refrigeration, storing, and disposal. An interview should be arranged with the store manager so that children may discuss with him measures that assure safe and sanitary handling of foods.

Procedure:

Examination of fresh foods and discussion of the problems of sprays, dusts, and fertilizers used on foods will illustrate the need to wash foods thoroughly before eating to avoid any possibility of poisoning. Examination of packaged goods on the shelves will reveal a large variety of household cleaners, polishes, and detergents. Children will recognize some brands they have seen at home or on TV. They will see that even though tops of cans, boxes, and bottles are carefully secured and some may be safety packaging, these products are carefully separated from foodstuffs. Storing separately is a procedure that is even more important at home when opened containers are placed on shelves. The children should learn that the safety packaging is on products that are potentially hazardous to children.

Older children will be able to read the labels. They will note that exact directions are given on the safe way to use the product. Warnings are also clearly printed on the label if a product

contains a hazardous element.

Follow-up discussion may bring out the fact that government regulations require specific labeling of certain products with potentially hazardous contents. Also, the Poison Prevention Packaging Act, which requires special packaging for certain specified substances which have been involved in accidental poisoning among children, results in many hazardous products being marketed in containers difficult for children to open.

Follow-up Activity:

After a visit to the supermarket or food store, children may enjoy building a play store in the schoolroom from blocks or tables. Empty crackerboxes could be displayed on the food shelves, but it is unwise to ask children to bring in containers that have been used to store cleaners, sprays and disinfectants. Original drawings or cutouts taken from magazines or containers made from craft paper and appropriately labeled by hand could also help fill the shelves.

The attached illustration demonstrates how one classroom built a play store from an old cardboard box by filling the shelves with pictures cut from magazines.

The activity could also be successfully correlated with arithmetic problems.

To the Drug Store

Purpose and Procedure:

An excursion to the drug store to meet the pharmacist may be just as profitable as a trip to the food store. On such a field trip, children often discover that a drug store, although equipped to sell many things, does specialize in medicines. The specially-trained pharmacist prepares "prescriptions."

The children should be shown that special drugs are kept behind the counter, out of reach, so that only an authorized person such as the pharmacist may touch them. This should graphically illustrate the manner in which medicines should be stored at home—out of reach and, preferably, locked up.

Understandings to be Developed Through Discussion:

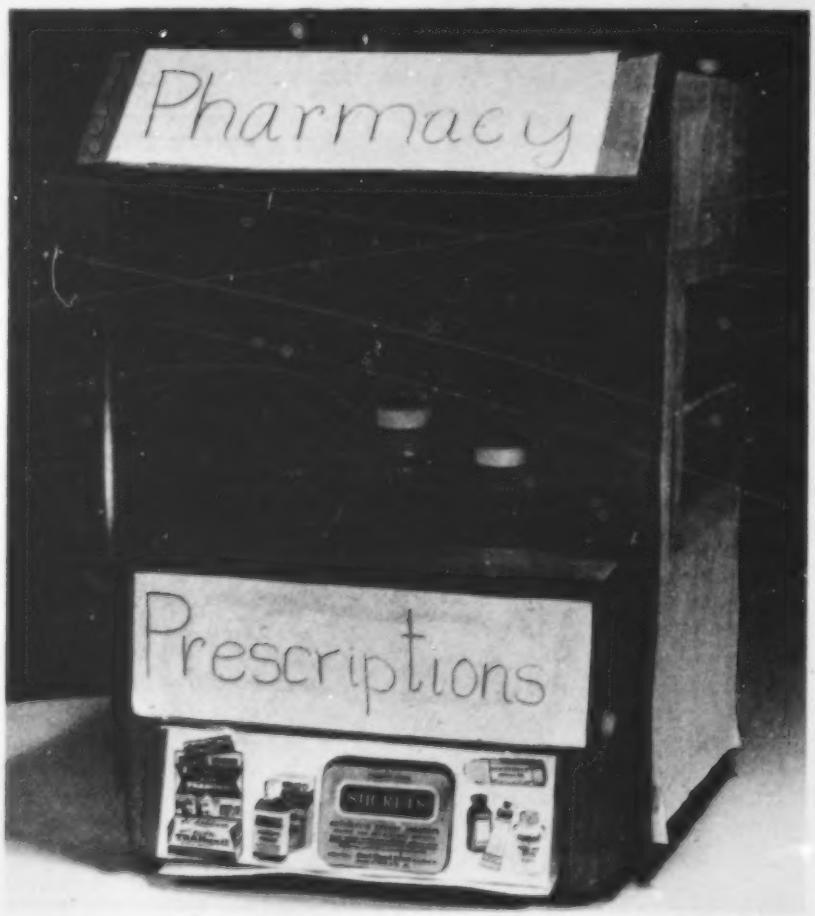
1. A pharmacist has a very responsible job which requires special training. It is his duty to prepare special life-saving medicines prescribed by doctors. Such medicines must usually be dispensed in safety packaging.
2. People don't always need medicine when they are sick. Sometimes they need only rest and special food. The doctor is the only one to prescribe medicine, and the drug store is the proper place to buy the prescription.
3. It is very important to take only as much medicine as the doctor prescribes. If we take more than we need or someone else's medicine, it may make us sick instead of well.
4. All medicines have labels attached to them which give directions for their use. These labels should be read carefully. The medicines should be taken only as directed. Be sure that all containers are properly labeled and the labels are legible.
5. Medicines are especially dangerous if used incorrectly. For this reason many of them bear special warning labels. Some, such as iodine, carry a picture of skull and crossbones and the word "POISON." The lack of such labels, however, does not mean that other medicines are harmless because all products are potentially hazardous if used incorrectly.
6. Children should never take medicine nor give any to other children. They should receive medicine only from a parent or a parentally-authorized adult.
7. Medicine is not a food or drink. Pills are not candy. Cough syrups are not *breakfast syrups.* All these should be taken only as prescribed and only in exact amounts.
8. Safety packaging provides extra safety to little children when it is closed carefully and tightly. Because some children can open even safety packaging, products such as cleaners, furniture polishes, paint thinners, and medicines should be stored where little children can't reach them.

Follow-up Activity:

After a visit to the drug store, children may enjoy building a play pharmacy in the schoolroom from blocks or tables. The local pharmacist may be able to furnish some empty plastic pill bottles or medicine bottles for the children to use. It is unwise to ask children to bring in old medicine bottles or boxes from their homes since their enthusiasm may lead them to bring in unwashed or partially-filled containers.

"Pills" can be made from putty, plasticine, or clay, and liquid medicine from water colored with harmless vegetable dyes. Paper labels, such as "Keep Out of Reach of Children," can usually be purchased at dime or stationery stores. Labels also may be made by the children on file tab paper. Attaching pre-glued labels to bottles will stimulate an immediate lesson, for the average child will instinctively start to lick the label in order to attach it. A quick "Wait! We don't put *anything* into our mouths until we ask first" should follow. The teacher may demonstrate how a sponge or brush may be used to attach labels without using tongue of finger. Point out, "It is not likely that glue on the back of such a label will seriously hurt anyone, but licking it is not a sanitary thing to do. It's best to attach a label or stamp some other way."

"Prescriptions" may be made by the children from ordinary paper. A play telephone might be a useful prop in this "pharmacy" because the children will have observed the telephone as an important tool for the pharmacist.



PLAYING PHARMACIST

Poison Label

POISON

Keep out of sight and
out of reach of children

Prescription

Hours	JOHN C. DOE, M.D.	Telephone
9-12 A.M.	Physician and Surgeon	423-8611
1-5 P.M.	123 Elm St., Cincinnati, Ohio	

Patient's Name _____ Age _____ Date _____

Address _____

℞

Refill ____ Times

_____ M.D.

Registration No. 1523

DISCUSSION: HELPING PROTECT BABY

Purpose:

To develop in children a sense of responsibility to protect those younger than themselves from accidental poisoning.

Supplies Needed:

1. Doll.
2. Two-shelf bookcase.
3. Cabinet with door (may be a large cardboard box).
4. Cut-out pictures of foods, household cleaners, pill bottles, medicine bottles, powders and liquids familiar to children. These may be cut from magazines and mounted, or drawn on mimeograph or duplicating sheets. *Note:* While real objects may be used, the teacher should remember that there is always the possibility that this will encourage investigations of such objects in the home.
5. Lock and key.
6. Paper grocery bags around 5" x 8".

Possible Procedure:

The following is a report of the discussion technique used by one of the evaluating teachers:

Teacher: How many of you have little brothers and sisters?

Children: Show of hands.

Teacher: Oh, I see; a good many! Who would like to tell us about his? (Selects one child who is allowed to talk momentarily.) Can he (the little brother or sister) talk? Can he walk? Does Mother ever ask you to help take care of him? Is it easy to take care of him? Do you know what to do; What do you do? (Questions should be asked of other children as well as the first selected.)

(Then to group):

I can see that you know a great deal about taking care of your brothers and sisters. You love them very much, and want to keep them safe, don't you? When we keep someone safe from harm, we "protect" them. Would you like to learn something new that you can do to protect your brothers and sisters? Something even your mother and father may want to know more about? If you learn something new about how to protect little brothers and sisters, do you think you could tell your parents all about it, so they'll know more about how to protect them, too?

Teacher: Very well, we'll learn something important today that will help everyone in your family take better care of each other, especially little brothers and sisters. Then you'll go home and tell your mother and father about it. That will make you feel like a teacher, won't it? That's what I'd like for you to be today—teachers. Teachers for your little brothers and sisters, and for your mother and father, too. Do you think you could do that? All right, let's see how we can begin. (Teacher takes doll out.) Here's a doll we've never had at school before. We're going to pretend that she's your little sister. She doesn't have a name! What do you think we should call her?

Children make suggestions, and a name is finally chosen.

Teacher: Then "_____" shall be her name. She is two years old, and she can talk a little. (Squeeze doll so she'll say "mama.") And she can walk a lot. (Make doll walk.) She likes to know about everything. She likes to feel things. Show how she feels things.

Children make feeling motion.

Teacher: She likes to open things. (Push doll's hand into some nearby object—maybe desk.) She likes to pull things down and knock things over. (Demonstrate with books or other objects nearby.) Is this the way your little sister or

brother does?

Children agree.

Teacher: Of course, it is. That's the way little children behave when they're two years old. Do you remember when you were little and just two years old? You did things like that, didn't you? She likes to taste things, too. (Show how she tastes things.)

Children make motions of eating.

Teacher: What kinds of things do you think _____ likes to taste?

Children will probably respond with "candy," "milk," "cake," and "baby food." The teacher may repeat some of these.

Teacher: Yes, these foods taste good. Do you think they're good for her? Why not? (Listen to various answers and comment.) Sometimes _____ puts things into her mouth that are not good for her. What are some of these things? Could any of them harm her? (Listen and comment. Then present mounted pictures or actual products mentioned above. These might include bread, milk, cake, baby food, nails, marbles, cleaner, spray, moth balls, etc.) Here are some things _____ sees and wants to put into her mouth. Which ones do you think are safe for her to eat? Which ones are not safe for her to eat? Will any of them make her sick if she eats them? (Listen to comments.) Do you think she knows which of the items she tries to eat are not safe and which make her sick? Why not?

Children will eventually arrive at the answer—She's too young.

Teacher: That's right; she's too young or too little to understand that some things are not safe to eat and should never go into our mouths. Do you think that if you explained to her she would understand and do what you tell her?

Children may disagree but will eventually arrive at "No" for answer.

Teacher: Suppose she is too young to understand what things are not safe for her to put in her mouth. Then how can you and your mother and father keep her from being harmed by such things? How can you protect her?

Children will arrive at answer: Don't let her have them; don't let her touch them.

Teacher: But she will touch them if you or your mother and father leave them where she can reach them, won't she?

Children agree.

Teacher: Then what can you and your mother and father do to keep her from touching them? How can you protect her?

Children will eventually arrive at answer: Keep them out of reach.

Teacher: That's right; you can keep unsafe things out of her reach. Where do you think you could keep them so that she wouldn't touch them?

Children will eventually arrive at "high shelf," "medicine chest," etc.

Teacher: But couldn't _____ climb up there? Look! Here's a high shelf, and here's a medicine cabinet. See how she climbs. She's trying to reach the shelf; now she's trying to open the door of the cabinet. Why can't she get the door open?

Children: Because it's locked.

Teacher: "That's a good idea—we should lock unsafe things away from her. We put these things which _____ might taste but which are not good for her in the cabinet and locked the door. Now, let's unlock the door. I have a key right here." Then the teacher may wish to examine each of the objects one by one, explaining why each was in the cabinet with the unsafe things. "Now let's close the door tightly. Who would like to lock the door in order to keep _____ from getting the unsafe things?" (Choose child to pretend to place lock on door if actual cabinet with lock has not been used; if key is available, have him actually lock.) "That was a very good idea. We locked up the things which are not safe, and again kept them out of _____'s reach. Now I'm going to give each of you some pictures of things _____ might like to taste. Here's a little bag for each of you which you may pretend is a cabinet."

(Follow with Medicine Cabinet Activity I or II, on page 15.

Discussion might proceed along these lines, adapted to materials used. Look at the things you have. Put all the ones that_____shouldn't taste in your "cabinet." You may leave the others out. When you've put all of the things _____shouldn't taste in your "cabinet," hold up your hand. Now, let's pretend we're locking the cabinet door."

(Show children how to make a "paper lock" at top of bag.) "Does everyone have his cabinet locked? (Discuss as you go along.) Is soap safe to eat? Of course, none of these things should go into our mouths. Are pills safe? Sometimes they are. But we should *never taste* them unless Mother or Father or the doctor gives them to us. Not even if we know they were meant especially for us. Does anyone know why this is so?"

The children may bring up the safety to little ones provided by safety packaging. Household products most often involved in childhood poisoning are now required to be in this new packaging, which is designed to be difficult for children to open and relatively easy for adults to open. Children should recognize that these new closures and other safety designs are not toys to be played with but a warning for "hands off" by all youngsters.

ACTIVITY—YOUR MEDICINE CHEST

Object of Game:

- To impress children with need for caution in relation to the family medicine chest.

- To provide children with information they may impart to their parents.

Procedure:

Discuss—

Do you have a medicine chest in your home?

Where is it?

What is it for?

What kinds of things are kept in it?

Who uses the medicine chest? When?

Why do you think it is placed up high?

Can your baby brother or sister reach the medicine chest?

Do you think it would be safe for him to touch anything in the chest? Why or why not?

If he can reach the chest, how could we keep him out of it?

Can your medicine chest be locked?

Do you think it would be a good idea for mother and father to put a lock on the medicine chest? Why? If you don't have a medicine chest which can be locked, is there a closet in your house where the medicine can be locked up?

What are some good rules to make about a medicine chest?

Can you remember to tell mother and father and your brothers and sisters about these rules?

Would you like to show mother and father what you have learned about the medicine chest?

Activities:

Provide materials as follows:

1. Sheets torn from magazines which depict medicines and other possible contents of medicine chests or a mimeographed or duplicated sheet of illustrations on same subject.
2. Duplicated sheets drawn to represent:
   a. medicine chest with shelf space
   b. door to medicine chest
   c. lock

   (Door may be stapled on to cabinet before sheets are distributed to children or after they have finished their assignment.)

   (Silver paper or aluminum foil can be provided for children to paste on door to represent mirror.)
3. Show children how to cut out pictures and paste on shelves; check what they have done as they finish; then let them paste lock on door.

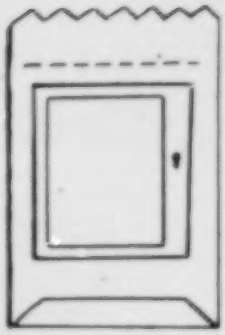
Another way to make a medicine chest would be:

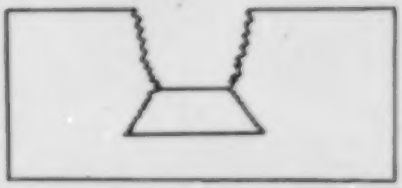
1. Distribute small paper 5" x 10" sacks, each with a picture of a medicine cabinet door (with lock) and words, "Safe from Poisoning" drawn on front. Children may draw own picture of cabinet from sample shown by teacher.
2. Distribute sheets of magazine ads or duplicated pictures, showing materials commonly placed in a medicine chest.
3. Let children cut out objects which belong in a medicine chest and place them in their "chests" (bags).
4. If some children find pictures showing safety caps on products such as medicines, cleaners, and furniture polishes, let all the children discuss the reason for these caps and the

importance of using them.

5. After all children are finished, show them how to "lock" their chests. (Tear and fold pleat in each bag.)

6. Ask children to take medicine chests home for mothers to see; ask them to talk over what they have learned with their parents.





Make a "Medicine Cabinet" from Craft Paper or a Paper Sack

GAME: LITTLE BROTHER – LITTLE SISTER

Object of Game:

To teach children that small brothers and sisters imitate what they see older brothers and sisters doing; therefore, pupils must demonstrate safety to the younger members of their family.

Procedure:

Discuss – Through questions and personal experiences, show that smaller children often imitate their older brothers and sisters; a school-age child may help at home by practicing safety in front of his younger brothers and sisters who may copy him.

Song:

Play tune, "Did you Ever See a Lassie? several times on the piano if children are not familiar with it. Then teach these new words:

"Did you ever see a baby,
A baby, a baby,
Did you ever see a baby
Go this way and that?
He does just what I do –
He wants just what I do.
Did you ever see a baby
Go this way and that?"

After children have learned the song with gestures, they may be taught the following game:

Game:

Children form a large circle. One child is selected to begin the game. He chooses another boy or girl to play his baby brother or sister. Then, while the teacher softly plays "Did You Ever See a Baby?" or the children sing it, he moves slowly around the inner rim of the circle going through various movements such as skipping, stooping, or flapping his hands. Whatever he does, the child chosen to be his baby brother or sister does exactly the same thing. When the music stops (when he is about half-way around the circle), he turns to the child following him and says, "Little Brother (or Little Sister) why do you copy me?" Then he completes the circle, the second child still imitating his gestures, and steps into his original place. The child following him now assumes the role of a school-age child and chooses another baby brother or sister, the game continuing until every child has had a chance to participate.

GAME: "WE ASK FIRST"

Object of Game:

To show that some things are safe to put in one's mouth, while others may be harmful. We cannot always know. Therefore, before we eat or drink anything, we ask a grownup whether we may do so.

Procedure:

A hat box or other small carton is set on a low table beside an empty waste basket. On the box is pasted a picture of a large mouth with lips parted, an 8-inch slot cut between the lips. A picture of equal size of two lips, closed and buttoned with real or cardboard button, is attached to waste basket. Under the open mouth, "Safe to Eat," is printed; under the closed lips, "Not Safe to Eat."

During work period, children are supplied with pages from magazines which contain illustrations of food, drinks, sprays, and cleaners. Mimeographed or duplicated drawings of such products may be substituted. Supply blunt scissors with which to cut them out. One child, chosen to play the role of "Mother" or "Father," stands beside the exhibits and chooses another child to begin the game. As each child's turn comes, he stands up and shows the picture he has cut out. He explains his picture and tells why he thinks it is safe to put in his mouth or why it is not. (There may follow some discussion of this.) He then turns to the child chosen to play the mother or father and asks, "Mother, may I eat this?" If "Mother" says, "Yes, it is safe," he slips his picture between the lips on the hat box and sits down. Meanwhile, the remaining children chant the following song to the tune of "Three Blind Mice":

"We ask first,
We ask first
What we may taste,
What we may taste;
Even though goodies look ever so good
We have to remember as wise children should
Not to put anything into our mouths
Till we ask first."

If the answer by the "Mother" is "No, it is not safe for you to eat," the child whose turn it is puts his picture in the waste basket. If "Mother" has difficulty in deciding or makes a mistake, the children in the group will usually speak up and correct her; if not, the teacher will supply the correct answer. After each child deposits his picture in either the safe or unsafe depository, the group repeats the song, "We ask first." At the end of the game the teacher may take materials from each depository and review them:

"This is milk. We decided that we can put this in our mouths because—"
Children: "It is safe to drink."
"This is an apple. We decided that we can put this in our mouths because—"
Children: "It is safe to eat."
"This is a cake of soap. We decided that we couldn't put this into our mouths because—"
Children: "It is not safe to eat."

With more mature groups it may be possible to carry the game a little further. The teacher may, for instance, line all of the foodstuffs the children have approved for safe eating on a ledge and remark,

"We've decided that we may eat all of these things because—"
Children: "They are safe."
Teacher: "Are they *always* safe?—"

Discussion may bring out that someone may have put something other than a soft drink in the pop bottle or other than milk in the milk carton.

Teacher: "So what do we do?"
Children chant: "We ask first."

(One teacher suggests that this game be played in two parts. The first day each child might place his picture in the container into which he thinks it should go without comment. When everyone has disposed of his picture one child might be chosen to take them out one at a time, holding them up for the group to see and decide whether it had been placed correctly. This would help to show that children need to "ask

first." On the second day they would play the same game, but with dialogue of "Mother" preceding dropping of picture into container.)

NOTE: To keep game uncomplicated, supply pictures only of such foodstuffs that are considered "safe" for most people, such as milk, fruit, and vegetables; or "unsafe," such as household cleaners, and insect sprays. Omit medicines and questionable foods which may be safe or unsafe according to individual needs, circumstances, or amounts. The young child is not yet able to cope with subtleties nor with more than one major idea at a time.

Object of Play:

To teach children to recognize responsibilities for safeguarding the small and helpless child from danger of ingestion of harmful materials, including poison.

Procedure:

1. Show picture of crawling baby examining toy or object on floor.
2. Discuss how baby crawls around the room playing and exploring, often picking up objects and putting them into his mouth.
3. Help children recognize that putting objects into their mouths is a normal way for babies to learn, but that we outgrow this habit when we are older and know better.
4. Discuss how this normal habit can sometimes be harmful to the baby.
5. Lead children to discuss how they can help protect the baby and keep him from touching or tasting objects which may be harmful. Include the necessity and importance of safety packaging.
6. Discuss ways children can help make baby's environment safer by keeping harmful things out of baby's reach and sight.

Activity:

Children may enjoy learning one or both of the following rhymes, making motions with their fingers to illustrate.

1.

One, two, three, four, five,
six, seven, eight, nine, ten—
These are the sweet little fingers
That get into trouble when
Baby finds a new plaything
on table, shelf, or floor,
Then puts it quickly in his mouth
And looks around for more.

2.

Ten little curious fingers
Ten little curious toes
Taking our baby to places
He can't wait to explore.
We must try to teach baby
Never to touch or to taste
Things that he finds around him
On table, shelf, or floor.

DRAMATIC PLAY —
THE DAY THE BABY GOT SICK

Purpose:

To impress children with the fact that only adults should administer medicine.

Procedure:

Teacher reads the story to the pupils. Then they act out the parts. Choose different children to play in each episode. Pantomime may be used without props; however such simple objects as a toy telephone, bottle with a safety cap, or spoon may be used.

1. Dennis has a little sister named Prue. One day Prue got sick. Mother took her temperature. Then Mother went to phone the doctor.
2. The doctor came to see Prue. He said Prue must have some medicine. He wrote out a prescription.
3. Dennis went with his father to the drug store to have the prescription filled. His father gave the prescription to the pharmacist. The pharmacist read the prescription. Then he mixed the medicine in a dish and poured it into a bottle with a safety cap.
4. "This medicine is meant for Prue," the druggist said. "It was made just for her to make her well. It is not good for anyone else. It might even make another child sick." "I won't touch it," Dennis promised. "You must never touch any medicine, even if it was mixed especially for you, unless Mother or Father is with you," the druggist said. Then the druggist put a label on the bottle to tell just how much medicine Prue should take and when she should take it. He put on a safety cap which Prue—but not Father—would find hard to open.
5. When Dennis and his father reached home, Mother looked at the bottle of medicine very carefully before she opened it. "I must be careful to give Prue just the amount it says on the label," Mother said. "Will you get me a clean teaspoon, Dennis?"
6. Dennis gave his mother a clean teaspoon. She took off the safety cap and measured the medicine and gave it to Prue. Prue made a face, but she swallowed it because she knew it would make her well.
7. Mother looked at the clock.
   "The label says I should give Prue some more medicine in one hour. It is two o'clock now." She held up two fingers.
   "When will it be time to give Prue her medicine again?" Dennis held up three fingers.
   "At three o'clock," he said. "I will watch the clock and tell you. May I put the medicine away?"
   "No," said Mother. "It is good of you to offer, but children should *never* touch medicine. I will put it in the medicine cabinet where it belongs and lock it up until we need it again." Then she tightly replaced the safety cap and locked the medicine in the medicine cabinet.
8. At three o'clock Dennis called Mother, and she took the medicine out of the cabinet and gave Prue another spoonful. Just then the telephone rang. Mother heard the phone. She said, "It is most important to put the medicine away before answering the phone. Dennis, would you answer the phone for me?" Dennis answered the phone, saying, "Mother will come in a minute; she is putting the medicine away." Mother put the safety cap on the medicine carefully and put the medicine in the cabinet and locked it up. Then she went to talk on the phone.
9. As soon as Prue was well, Mother took Prue's medicine and poured what was left of it into the toilet. Then she flushed the bowl, washed the bottle carefully, and put it in the trash can. "Why did you do that?" asked Dennis. "There was some left. I could have used it if I got sick." "Oh, no," said Mother. "You would have your own medicine if you got sick. It is not safe for one person to take another person's medicine." Then she hugged Dennis. "But we hope you'll never be sick," she said. Dennis hoped so, too.

ACTIVITY –
INDIVIDUAL SAFETY SCRAPBOOK

Purpose:

To impress the small child with the need to ask first before tasting any doubtful substance.

Procedure:

Provide each child with four sheets of newsprint about 16" x 20" in size. Kindergarten teachers will probably wish to fold these sheets in half and staple or sew them together to form a scrapbook before distributing to children. Older children may wish to do this themselves. Captions, such as those listed below, may be printed by the teacher before the material is distributed or printed on duplicating paper for children to cut out and paste into scrapbooks under the teacher's supervision.* Older children may be able to do the printing themselves.

Cover page: _____ (Name Here) _____ **'s Safety Book.**

This is *(about poison prevention or safety).*

First page: When I want something to eat I ask mother.

Second page: Some things are safe to eat or drink.

Third page: Some things are not safe to eat or drink.

Fourth page: So I ask first.

Fifth page: Lock up unsafe things. Look for and use safety packaging.

Sixth page: Help keep baby safe.

Seventh page: Safe? Not safe?

Eighth page: Protect Your Family Against Poisoning.

*NOTE FOR TEACHER: Keep in mind that lessons on poison prevention in this unit are designed to serve a double purpose: (1) to teach young children and (2) to educate parents. For the latter reason, some reading matter is used in this unit which may be above the child's reading level. He is expected to take materials such as this scrapbook home so that parents will receive the message. As a follow-up activity the parent may be invited to read the "Story" to the child.

Appropriate pictures clipped from women's and home magazines can be used in preparing this scrapbook, or the drawings in the last section of this Guide may be duplicated and used. Each child should be supplied with a picture of "mother," clipped from a women's magazine; one to three pictures of "safe" foods; one or more pictures of liquids or solids "not safe" to eat or drink; and a picture of a baby or toddler. Children may cut out these pictures and paste in appropriate places. On the page containing the caption "So I ask first," the child is directed to draw a picture of himself asking mother or another adult for something to eat. On the front cover, he draws a picture of himself.

A paper bag "Medicine cabinet" (see page 16) may be pasted on the page marked, "Lock up Unsafe Things," after children have completed that activity.

For material to be placed on "Safe? Not safe" page, see the worksheet on page 26. This sheet may be duplicated and a copy given to each child. Discussion should precede this work. (Keep in mind that children cannot discriminate when it comes to grades or conditions of safety. While words, "*Might* not be safe" may be used in discussion, pictures used must be in the "Safe" or "Not Safe" categories.)

On the page with caption "Protect Your Family Against Poisoning," children may paste a copy of the suggestion sheet appearing on the next page.

Follow-Up Activity:

When booklets are finished (this activity may take several days), direct them to take their scrapbooks home to their parents. Page 25 is an illustration of a plan for the pages of this booklet.

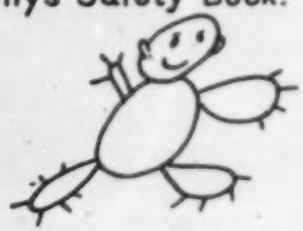
(Make copies and send home with each child)

PROTECTING AGAINST POISONING

1. Lock up all dangerous substances.
2. Keep all drugs, poisons, detergents, and other household chemicals out of the reach of children and away from food.
3. Do not store poisonous or flammable substances (kerosene, gasoline, and rat poisons) in food or beverage containers.
4. Read all labels and carefully follow "Caution" statements. Even if a chemical is not labeled "poison," incorrect use may make it harmful.
5. Do not eat or serve foods which smell or look abnormal — and do not give them to animals.
6. Be sure that all poisonous products are clearly marked.
7. When you throw away drugs or dangerous materials, be sure they cannot be reached by children or pets. Flush these materials down a toilet or drain. Do *not* throw them in waste paper baskets or trash cans unless they are rinsed thoroughly.
8. Warn small children not to eat or drink drugs, chemicals, plants, or berries without asking an adult's permission.
9. When using cleaning fluids, provide adequate ventilation and avoid breathing the vapors.
10. Use a prescription drug only for the person for whom it is prescribed in the time for which the medicine is prescribed. Throw old medicines away. Do not give or take medicines in the dark. Adults in homes with small children should remember: When buying prescription medicines, ask the druggist for safety packaging. For over-the-counter medicines, look for the package sizes which are child-resistant.

Plan for Safety Scrapbook

Billy's Safety Book.

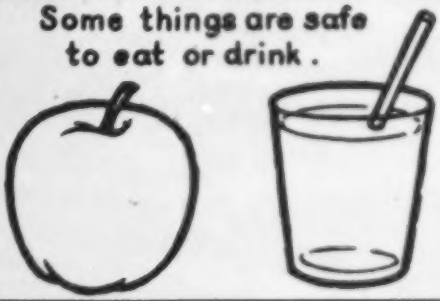


This is Billy.

When I want something to eat, I ask.

Mother.

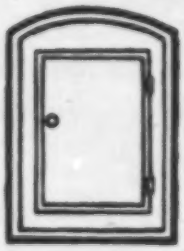
Some things are safe to eat or drink.



Some things are not safe to eat or drink.

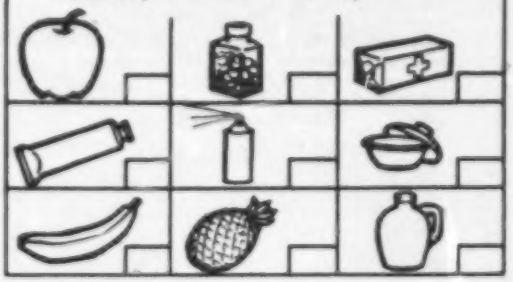
So I ask first.

Lock up unsafe things.



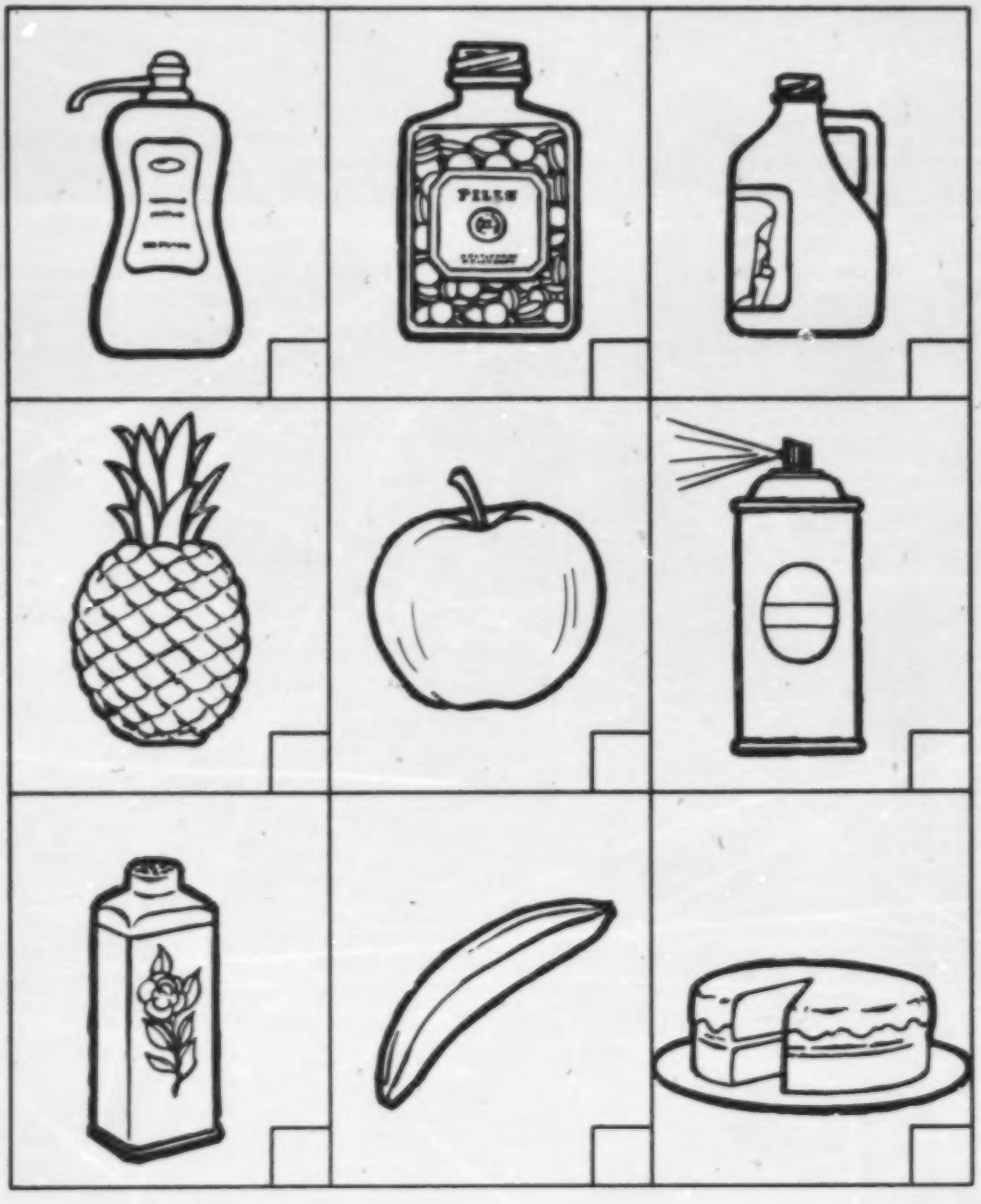
Help keep baby safe.

Safe? Not Safe?



Safe to taste? Not safe to taste?

Put an X in each box beside a "safe to-taste" product.



DISCUSSION GAME – "JUST SUPPOSE"

Object:

To develop sound judgment: how to act if confronted with an unsafe situation.

Procedure:

Teacher presents "just suppose" stories, such as the following, and then calls on individual children to tell what they would do. As experience with the game develops, understanding increases. Some children may substitute for the teacher in presenting "just suppose" episodes.

1. Suppose you were playing in your home and you found a box of pills or a bottle of medicine open with the safety cap off on the table. What would you do? Tell why.*
2 Suppose you found your baby brother or sister playing with a can of cleaning powder. What would you do? Tell why.*
3. Suppose someone left a bottle of medicine on the table and forgot it. What would you do? Tell why.*
4. Suppose you saw another child accidentally eat or drink something you thought might harm him or make him sick. What would you do?*
5. Suppose a playmate offered you something to eat or drink, but you were not sure what it was. What would you do?
6. Suppose you found baby brother or sister chewing on something, but he wouldn't open his mouth to let you see what it was, and there was an open box of pills beside him. What would you think? What would you do? Why?*
7. Suppose you were thirsty and you found a pop bottle in the garage where father usually keeps his tools. What would be the right thing to do?
8. Suppose you and your baby brother saw father or mother painting and he or she put some paint in a cup and left it there. What would you do?

*Child should *always* tell parent or teacher.

THE "CONTAINERS SPEAK" – AN IDEA FOR A PUPPET SHOW

Purpose:

To provide children with a better understanding of the need for caution in handling household supplies of a potentially poisonous nature.

Procedure:

Primary grade children usually enjoy working with hand-puppets or figures mounted on sticks. The children are probably familiar with the various television shows for children. These shows can easily be adapted in developing ideas about poison prevention. Throughout this guide there are story ideas which might be adapted for such puppet show use. A large cardboard box mounted on a draped table and furnished with background scenery made from craft paper may be used for the stage. Hand-puppets made by the children from papier mache or stuffed paper bags with faces drawn on them may be mounted on sticks. Planning the dramatizations for their puppet show will give children many opportunities to discuss danger spots in the home and to develop an understanding of the importance of poison prevention. After practice, the show may be presented for the benefit of a younger grade as a pupil-prepared "teaching" device.

The following is an idea for a puppet show using boxes, cans, and bottles instead of figures to develop a dramatization about poison prevention:

The teacher provides the class with a collection of clean, empty cans, bottles, and boxes. These may be original containers for household products that are potentially poisonous or they may be unlabeled containers on which the children may affix such labels as they wish. (Do *not* ask children to bring such containers to the classroom; in their eagerness they may be careless in their choice of containers). These containers may then be mounted on sticks (old broom handles are good). The children may plan a puppet play in which containers play the parts of characters and speak to the audience.

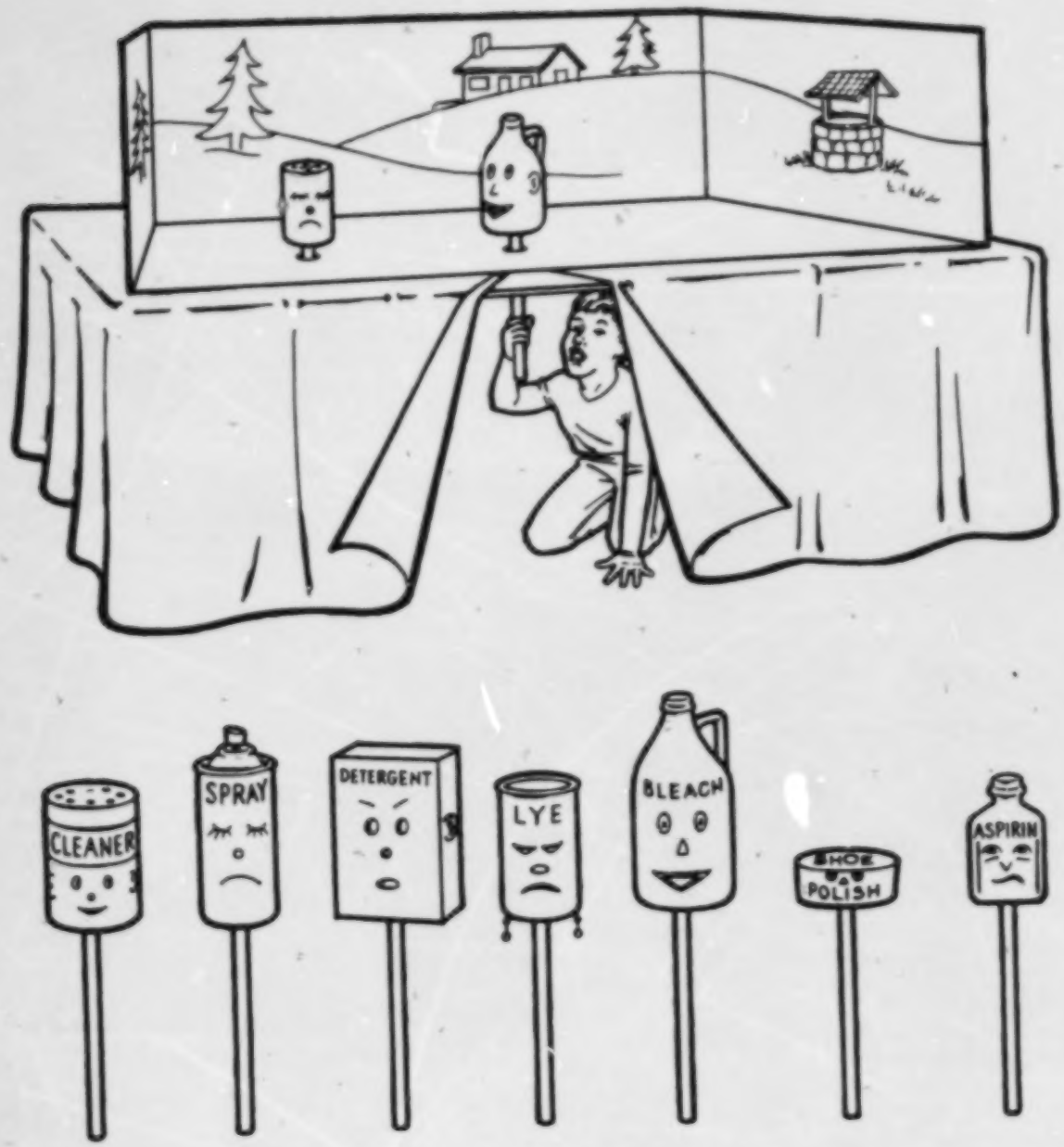
Discussion should bring out the fact that many household products of a potentially poisonous nature are actually very useful and make living in the home much easier and more pleasant. It is only when they are not used as intended or directed that they become dangerous.

The theme of the play goes something like this: The containers are trying to find a proper home of a shelf, in a high locked cabinet, or elsewhere, out of reach and out of sight of small children. People just won't put them where they belong and then the containers get blamed for the things that happen when people are careless. They discuss some of their experiences in carelessness. They explain that when used properly, containers and their contents are really very good fellows. They talk about the directions and warnings printed on their labels and the reasons why some containers have safety caps. They they point out places where they might be placed for safe keeping and where they as well as the little children in the household, would be *so happy!*

Another theme might be *The Safe House and The Careless House.*

Follow-up Activity:

When the show using either of these themes is completed, children might distribute a home check list (see page 41) for members of the audience to take home and use in checking placement of potentially poisonous material in their own homes.



"The containers speak"—an idea for a puppet show.

CHART STORY FOR DISPLAY IN SCHOOLROOMS AND CORRIDORS

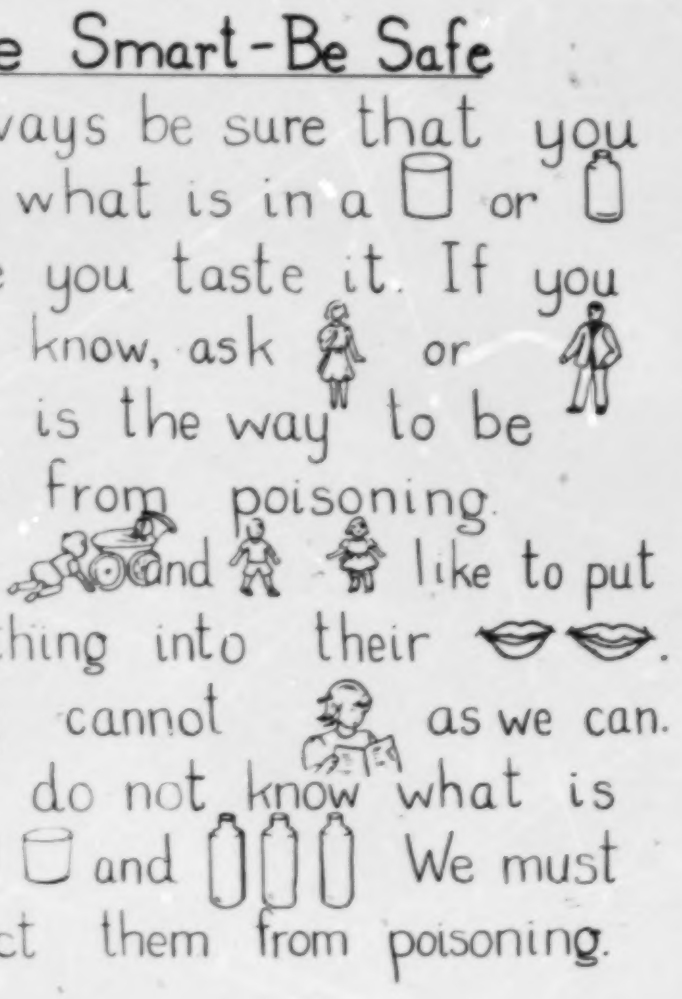
Purpose:

To provide children with a means of communicating to others the facts they have learned about poison prevention.

Procedure:

Use full-size sheets of oakboard, tagboard, or construction paper. Have the children dictate the story for the teacher to print with a speedball pen or felt brush pen, or ask the children to print the story themselves.

Information on the charts will be used to inform others on what the children have learned about poison prevention. Charts may be illustrated with creative pictures drawn by the children, "paper-sculpturing" illustrations or appropriate illustrations cut from magazines. Real objects, such as small boxes or plastic bottles, might also be used. An example of how such a chart might be planned appears below.


Be Smart-Be Safe
Always be sure that you know what is in a or before you taste it. If you don't know, ask or This is the way to be safe from poisoning.
Little and like to put everything into their .
They cannot as we can.
They do not know what is in and We must protect them from poisoning.

STORY TELLING

Purpose:

To stimulate individual thinking and to develop judgment which will assist children to avoid potentially dangerous situations in relation to poisoning.

Procedure:

Pictures from magazines can be used effectively to stimulate discussion. Those in color and a full page in size are best. Children "tell a story about the picture" to illustrate the following points:

1. Children should always ask an adult first before tasting anything not served at the table because:
   a. Some things are not safe to swallow.
   b. Materials which are poisonous may have been put into familiar receptacles which ordinarily contain nonpoisonous materials (kerosene in a tea cup).
2. Materials found in the trash should be left strictly alone.
3. School children, like their parents, have an obligation to protect younger children in the family from possible poisoning. They can do this by—
   a. Setting a good example.
   b. Helping to keep potentially dangerous materials out of sight and out of reach of younger boys and girls.
   c. Reminding grown-ups to replace safety caps securely and return potentially dangerous materials to their rightful places, out of reach, and out of sight of little ones.
   d. Being careful never to open bottles or boxes without asking first.
   e. Never playing with household cleaner containers or with medicines or sprays of any kind.
   f. Being careful never to taste anything found in a bottle, dish, cup, or package unless given by parent or teacher.
   g. Remembering that safety caps are protection against products that could be dangerous to small children. A closure that is hard to open is not a toy or puzzle. It is a warning to children to keep hands off.

Progressive story telling is fun, too. Select a story and ask each child to tell one episode.

Other suggested activities to go with this story-telling activity might include:

1. Make scrapbooks containing pictures, cut-outs, or children's drawings with captions on such subjects as:
   a. Using our crayons and paints
   b. Our medicine cabinet
   c. Protecting little brothers and sisters.
   (Put these scrapbooks in "Library corner" for all to see.)
2. Make posters on:
   a. Where to keep medicine
   b. Where to keep cleaning materials.

NOTE: If good magazine illustrations are not available, children may draw their own.

COMPLETING UNFINISHED STORIES

Purpose:

To develop individual ability to recognize potentially dangerous situations in relation to poisonous substances.

Procedure:

Incomplete short stories, based on poison prevention themes, may be used as the basis for reading, writing, or oral discussions. In a lower grade the teacher reads or tells the story. The children tell the ending, then go to their seats to illustrate the story. In higher grades, the children may be asked to write an ending to the story. Third grade pupils may use the story as a reading lesson if it is duplicated so that each child has his own copy. These children might write an ending, draw illustrations, and combine the three communication forms in a booklet to be kept in the class library for re-reading.

The following are sample stories:

1. Barbara's Baby

One day Barbara's mother said, "I must go to the store. Will you mind the baby?"

"Oh yes," said Barbara. She enjoyed taking care of her little brother. She loved him. She was proud that Mother would trust her to look after him. It made her feel very grown up.

But her little brother was not really a baby. He could crawl very fast even though he couldn't walk or talk yet. He was always getting into things. Barbara had to watch him every minute. He was always putting things into his mouth. He was too young to know better. Barbara played with her brother. After a while he got tired and curled up on the rug and went to sleep. Barbara turned on the TV. She was so interested in the show that she forgot the baby. When she looked around he was gone. She found him in the kitchen. There was something black smeared all over his face. He had something in his mouth. There was a bottle of shoe polish on the floor.

2. Mike and Jerry

Mike and Jerry were good friends. They often played together. They liked to build things. Sometimes Mike's father let them work in his workshop in the cellar. He taught them how to use the tools there. He taught them to be careful with the tools. He showed them how to paint and how to clean brushes. Sometimes he let them work in the shop alone.

One day after they had worked for a while, Mike said, "I am thirsty. I wish I had a bottle of soda-pop to drink."

"Let's go up to the kitchen and ask my mother for some," Jerry said.

"I see a bottle on that shelf," Mike said. He pointed to a shelf full of paint cans. Sure enough, there was a full soda-pop bottle on the shelf. Mike reached for it. Jerry stopped him.

"Oh no," Jerry said. "You mustn't drink that!" "Why not?" asked Mike. "I don't think your father will mind." "That's not the reason," Jerry said. "We don't know if that is soda-pop in the bottle. It's a very queer place for a bottle of soda-pop to be."

3. Grandma Periwinckle

Grandma Periwinckle has not been feeling too well lately. She went to see her doctor. He wrote out a prescription for some medicine. Grandma Periwinckle took the prescription to the Drug Store. She went back to the Drug Store a few hours later and picked up the pills. She read the label which said, "Take two every four hours." She also read the label, "CAUTION: KEEP OUT OF REACH OF CHILDREN."

Grandma Periwinckle said, "I can't open this," and she handed the bottle of pills back to the pharmacist. "Please put another cap on this bottle." "But the cap on your bottle of pills is there for a reason," said the pharmacist. "Do small children come to visit you?"

"Yes," said Grandma Periwinckle. "There are my grandson, Jeffrey, and my granddaughters, Melissa and Jane Ann. "They're all under five years old. They come to visit me. And I go to visit them."

"You can ask to have your pills put into a bottle with a screw-on or snap-on cap that may be easy for you to open but just as easy for kids to open. In fact, you can ask that *all* your medicines be put into easily opened, old-fashioned containers. But if you do, the children who visit you can open them just as easily. Safety caps—which most little children cannot open—provide extra protection. "With a little practice," said the pharmacist, "you'll find this cap easy to open. Here, I'll show you how."

"Oh," said Grandma Periwinckle. "I see. It takes a turn this way then a push that way. I'll practice now that I know how."

"Good idea," said the pharmacist. "A cap like this could save your grandchildren from a poisoning accident."

Grandma Periwinckle put the pills in her purse and went home. Just as she arrived at the door, her little grandson, Jeffrey, came around the corner with his mother.

Grandma Periwinckle went into the bedroom, where she took off her coat and put it, along with her purse, on the bed. She then returned to the living room to talk to Jeffrey's mother. Usually, Grandma Periwinckle is very careful to keep all her medicines and household products on high shelves because, even though she has no small children of her own, Jeffrey and his friends visit her quite often. She always warns the children never to put anything into their mouths without asking first. But this time she forgot that purses containing medicines should also be put out of children's reach. As she was talking in the living room, little Jeffrey walked into the bedroom and emptied her purse. Along with her cosmetics, her change, and her handkerchief, he found the bottle of pills. He tried to open it. Tell what happened then.

Tell what might have happened without a safety cap on the bottle of pills.

GAME – CLEANING OUT THE KITCHEN CUPBOARD

Object:

To assist children in learning to discriminate in relation to materials used in the average household which may or may not be poisonous.

Formation:

Circle or informal groupings.

Procedure:

Half of the children are designated to represent non-edible substances; the other half represent materials that are usually safe to keep around the baby.

Teacher "ad libs" a story about mother cleaning out the materials kept in a low kitchen cabinet near the floor, replacing the ones which might be poisonous on higher shelves, or under lock and key where baby brother or sister can't reach them. As she names each object which mother finds in the cupboard, those who represent "safe" or "unsafe" objects, whichever they may be, get up and turn around, then sit down again.

Objects named that might be the following:

crackers	moth balls	soap powder
shoe polish	dish cloths	detergent
pans	furniture polish	cans of soft drinks
floor wax	silver polish	bottles of soda-pop
potatoes	cleaning powder	sprays
apples	carrots	
soap	dish towels	

A WRITING AND SPELLING ACTIVITY – MY OWN SAFETY DICTIONARY

Purpose:

During the course of the poison prevention activities, children will need to know the spelling of a number of words new to them and not necessarily appearing in their graded spelling lists. They can use these in writing stories, plays, letters to parents, and in preparing posters, charts, displays and bulletin boards. Keeping a special "Safety Dictionary" may prove helpful in developing this special writing vocabulary.

Procedure:

Provide enough paper for each child to have 8 half-sheets of newsprint to fold in the form of a booklet. For arithmetic experience, each child picks up and counts out his own sheets. After folding, he numbers them.

Also provide a sheet of construction paper for a cover. The teacher writes the caption, "My Own Safety Dictionary," on the board. Each child copies the caption on the cover of his booklet and adds his name. He may also add an illustration.

During the days the poison prevention unit is in progress, each child may enter in his booklet the new, more difficult words. The teacher may write on the board key words which she wishes the children to remember.

A safety dictionary can be a useful all-year tool to assist in spelling of words needed in various phases of safety education, as well as in poison prevention. A typical "dictionary" may contain the following words:

bottle
cabinet
cleaner
cupboard
doctor
drink
eat
food
high
hospital
kitchen
label
lock
low
medicine
mouth
nurse
pharmacist
pills
poison
poison prevention packaging
poisoning
polish
prescription
prevent
protect
reach
safe
safety
safety cap
shelf
sick
spray
taste
touch
unsafe
well

RELATED ARITHMETIC PROBLEMS

With a little ingenuity, poison prevention education can be related to the usual classroom activities without adding to the teacher's workload. The following is an example of how poison prevention may be integrated with regular instruction in arithmetic. The teacher will wish, of course, to develop her own materials in accordance with the needs and skills of her particular class.

1. Father helped mother put 12 cans of cleaner and 3 bottles of detergent on a high shelf, out of reach of baby. How many more cans than bottles were there?

$$\begin{array}{r} 12 \\ -3 \\ \hline 9 \end{array}$$

2. One day Mary's mother decided to clean out the medicine cabinet. In the cabinet she found 11 bottles. Two of them were empty so she threw them away. How many bottles were left?

$$\begin{array}{r} 11 \\ -2 \\ \hline 9 \end{array}$$

3. Mr. Brown, the helper in the supermarket, had a cart full of cans to put on the shelves. He put 7 cans of cleaner on one shelf and 5 cans of polish on another shelf. How many cans did he put on both shelves?

$$\begin{array}{r} 7 \\ +5 \\ \hline 12 \end{array}$$

4. Sarah, the check-out girl at the supermarket, counted the things Jenny's mother had in her market basket. She took out 4 boxes of breakfast food, 2 boxes of soap flakes, and 1 can of lye. How many things did she take from the basket?

$$\begin{array}{r} 4 \\ 2 \\ +1 \\ \hline 7 \end{array}$$

5. Jenny's mother told Sarah to put the food in one bag and the other things in another bag so there would be no chance of the soap flakes and the lye breaking open and harming the food. How many things did Sarah put in each bag?

$$\begin{array}{r} 7 \\ -4 \\ \hline 3 \end{array}$$

6. Grandma cleaned out the drawer of her bedside table. She found 3 pill bottles and 1 bottle of cough syrup. Two of the pill bottles contained old medicine. "I shall throw them away because it is not safe to use old medicine." she said. "The rest of the things I shall lock up in the medicine cabinet where they belong." How many containers did she lock in the medicine cabinet?

$$\begin{array}{r} 3 \\ +1 \\ \hline 4 \end{array} \qquad \begin{array}{r} 4 \\ -2 \\ \hline 2 \end{array}$$

OTHER ACTIVITIES

Language Arts

Write an "editorial" on poison prevention for the school paper. Send in a list of poison prevention slogans or rules to be printed.

Design signs and slogans to be put up in the home in bedrooms, bathrooms, kitchens or utility rooms. They can also be placed in school corridors, store windows, business offices, banks, cafeterias, and on buses. Short captions are best: "Touch Not—Taste Not," "Poison—Please Don't Touch," "Poison Acts Fast—So Can Children," and "Safety Caps Save Children's Lives."

Write poison labels for mother to put on her household cleaners, medicines, and garden sprays.

Look for stories about poisoning accidents or poison prevention activities in newspapers and magazines and place on bulletin board.

Prepare quizzes to ask members of the class or a visiting class.

Tell stories using a flannelboard to illustrate them. The episodes in "The Day the Baby Got Sick," page 21, may be utilized for flannelboard dramatization, as may original stories, or plays prepared by the children as suggested on pages 31 and 32. If professionally-built flannelboards are not available, a piece of flannelette can be fastened over a board or heavy chart to use as a background. Scraps of felt or flannel may be shaped to make the scenery and figures; these will cling to the background without difficulty. Figures may be cut from magazines or from the pages of simple line drawings in the last section of this guide, or the children may draw their own figures. Sandpaper should be fastened on the backs of paper illustrations so that they will cling to the flannelboard. The flannelboard stores are best utilized by a group of children. However, small individual boards may be devised if material is available, with the added advantage that they may be taken home for demonstrations. If the children keep their figures and scenery in a drawer or box, they may utilize each others' materials and dramatize the same or different stories again and again.

Discuss pictures taken from magazines or those appearing in the last section of this guide. (Household cleaners, kerosene, sprays, medicines; non-poisonous but objectionable objects such as marbles, scissors, nails, pins, and pictures of edible foods should be included.) The teacher might present these pictures by saying, "Here are some pictures of things people often put into their mouths. Some of them are safe to eat and are good for us. Some of them are safe for grownups to eat, but not for children. Some of them might injure grown-ups and children, too. Do you think you can pick out the ones that are good for you to eat and those which are not?"

Place pictures where the children can look at them; then ask each child to select one and discuss whether the product pictured would be safe for baby brother. Children should be encouraged to expand their comments: "It's safe if it has been kept in the refrigerator;" "I can't tell whether it's safe until I ask mother;" "It's not safe, for it isn't food;" or "It may be safe after it is carefully washed." Discussion may be followed by game, "Cleaning Out the Kitchen Cupboard" on page

Discuss home experiences with poisonous products; how parents have tried to provide a safe environment for children, emphasizing poison prevention; how the children have tried to assume their responsibilities for making the home safe from poisoning; how safety caps protect children; the need for turning to grown-ups for help when in doubt about the identity of a substance; what to do if a fluid gets in the eye, and the importance of keeping inedible things out of the mouth.

Write poison prevention rules together. Put them on a chart.

Discuss with parents poison prevention measures to be observed in the home. Report findings to

other members of the class.

Conduct a question and answer period. Ask each child to prepare one question to present to the class. The best question and answer can be chosen at the end of the discussion period.

Using such well-known old tunes as "Farmer in the Dell," "Looby Loo," "Pop Goes the Weasel," or "Mulberry Bush," compose new words explaining some fact about poison prevention, as was done on page 18 with "Three Blind Mice" (We Ask First).

Make up jingles and rhymes or slogans to dramatize poison prevention ideas.

See how many "little words" are contained in the two larger words, "Prevent Poisoning."

Make up some arithmetic problems relating to poison prevention, as was done on page 36.

Creative Activities

Draw cartoons illustrating such ideas as "Poisoning Hazards in the Home" or "Children at Home" in which children are seen performing safe and unsafe acts in relation to poison prevention.

Make charts of rules to be practiced in handling potentially poisonous products, such as "Places in a Home Which Should Be Poison-Proofed."

Develop a wall mural. Second and third grade children might design and paint the mural as a group project. Kindergartners and first-graders might find it easier if the teacher provided background for the mural, such as a kitchen scene with cupboards. The children could paste their own drawings in appropriate places on the background. (If original drawings are not used, bright illustrations from magazines could be substituted.)

Draw pictures — "How I Help Prevent Poisoning at Home." Mount picture and print a caption below it.

Make puzzles. Colored pictures from magazines can be made into 8-10 piece puzzles by pasting on cardboard and shellacking, then cutting with sharp knife or jig saw. Large bright pictures of mothers caring for children, children caring for babies, people gardening and spraying, painting or washing, make good subjects. Puzzles may also be used as basis for discussion.

Kindergartners and first-graders will enjoy rhythmic activities related to protecting baby and helping the family—such activities as rocking dolls, Mother's Helpers, and Baby's Helpers. They would also enjoy related songs such as "I Have a Little Sister," and "Helping Mother," from *My Picture Book of Songs*, by Dalton, Ashton and Young; M. A. Donohue and Company, Chicago, Illinois, and *The Kindergarten Book*, by Pitt, Glenn, and Watter; Ginn and Company, Chicago, Illinois. (There are many others.)

Play house. Most kindergartners and first-graders construct a schoolroom playhouse during the course of the year. One purpose of such an activity is to develop an appreciation for good health and safety habits. This is an excellent place in which to introduce poison prevention activities. In response to reports about this activity, parents may assign this safety task as the child's contribution to household work. A lasting participation and interest would be one desirable outgrowth of such an activity.

Using a play telephone to relay poison prevention ideas would improve a child's ability to speak clearly and distinctly, and develop his ability to deliver messages accurately by telephone.

Construct a medicine chest. Ask your local grocer or pharmacist for a wooden crate or cardboard box which could be used in the schoolroom for storing first aid supplies.

Room-mothers can be asked to create a "look alike" exhibit showing hazardous household products and foods which resemble each other. These similarities are particularly hazardous to very young children who can't read and to older siblings who don't yet read well so that labels cannot give warning. Examples are: moth crystals which "look like" rock candy; ant and

roach pastes resembling peanut butter; kerosene, bleaches, and gasoline which look like water to a thirsty child. Other "look alikes" are red furniture oil—cherry soda pop; detergents—powdered milk; lemon furniture oil—lemon soda pop; and strawberry, orange, and lemon-scented liquid soaps and detergents—flavored soft drinks.

Developing ability to deliver telephone messages accurately.

CULMINATING ACTIVITIES

Because it is so desirable that these poison prevention activities be parent-oriented, it is particularly appropriate for activities to involve parents. This might be accomplished through

Participation in Regularly Scheduled Parent-Teacher Meetings:

1. Children could present:
   - Talks.
   - Dramatizations, such as "The Containers Speak."
   - Songs, such as "We Ask First."
   - Exhibits, such as—
     - Dioramas.
     - Scrapbooks.
     - Classmade "Movies."
     - "TV" Shows
     - Flannelboard Displays.
     - Charts, Posters.
     - Safe House-Hazardous House Display.
2. Children could distribute:
   - Professionally prepared Home Check Lists, Pamphlets, and Flyers (See Resources, page 43.)
   - Fact Sheets
   - Letters to Parents.
   - Child-Prepared Home Check List.

The Parent-Teacher group might schedule:
- Films, such as "The Travels of Timothy Trent." (See Resource List.)
- Professional speaker (physician, health officer, nurse).

Assembly Programs for Entire School (to which parents are also invited):
- Programs could follow the same lines as above with additional activities, such as writing invitations to parents to attend, or a "TV" or "Radio" program, or quizzes.

Exhibitions for
- School or Community Science Fair.
- School or Community Library Display.
- School Corridors and Assembly Room.
- Displays for Local Store Windows.

Participation in Local Television and Radio Programs:
- A well-prepared children's presentation might find a place on the local broadcaster's program, particularly during NATIONAL POISON PREVENTION WEEK—always the third full week in March. The health department, pharmacists' association, or poison control center, if one is in the area, may be able to assist in making contacts.

HOME SAFETY CHECK LIST

Dear

(name of teacher)

I took this check list home and helped my family check all of the places where potentially poisonous products might be found. We talked about safer places and ways in which to keep things which might be poisonous. I promised always to ask before tasting anything I found around the house. I'm going to try to protect other children who live in my home or come to visit us, too, so they will be safe from poisoning.

Here are the places my family looked to see if potentially poisonous products were packaged in safety containers and stored safely, out of reach of little children:

Bathroom	☐	Dining area	☐	Workshop	☐
Bedrooms	☐	Basement	☐	Utility Room	☐
Kitchen	☐	Garage	☐	Special Storage Places	☐
Living room	☐	Attic	☐	Porch and under the porch	☐
Closets	☐	Yard	☐	Other	☐

My family looked especially for these things:

Kerosene and Gasoline	☐	Disinfectants and Deodorants	☐
Lye and Bleaches	☐	Moth Balls and Pesticides	☐
Soaps and Detergents	☐	Paint Remover and Turpentine	☐
Polishes and Cleaning Powders	☐	All Kinds of Sprays	☐
Ant and Rat Poison	☐	Fertilizer and Weed Killers	☐
Aspirin and Other Medicines Including Vitamins	☐	Toilet Bowl and Drain Cleaners	☐

Now we hope that our home is poison-proof!

Sincerely yours,

(name of child)

EVALUATION

Desirable results will be demonstrated by interest in the problem of poison prevention on the part of both children and parents, and reports from home on improved storing, handling, and disposal of potentially poisonous materials there.

Another test of this program's success would be a demonstrable change in habits among children in the class who customarily chew on pencils and crayons and who put paste and other materials into their mouths. If restraint is shown over a period of time by these children and there is a helpful show of concern by pupils for one another in curbing these undesirable habits, the program may be considered a success.

In addition, the children might display increased awareness of safety problems in their home and school environment as related to poison prevention, and an eagerness to cooperate at home and in school in making the environment safe for themselves and others. (Information about their practices at home may be gained through conferences with the pupils and their parents.)

The teacher's own increased awareness and alertness regarding her personal habits and her care in checking for classroom hazards and habits should also be a part of the final evaluation. For example: does she buy and use safety packaging?

RESOURCES FOR THE TEACHER

General Information

Statistical and other data on the control and prevention of accidental poisonings are available from the U.S. Consumer Product Safety Commission, Washington, D.C. 20207, and the Food and Drug Administration, Department of Health, Education, and Welfare, 5401 Westbard Avenue, Bethesda, Maryland 20016.

List of Materials

An itemized list of brochures, flyers, and pamphlets; posters; films, slides, talks, public addresses; newspaper, radio, and television materials; the official Presidential Proclamation and proclamations for Governors and local officials; and other miscellaneous items dealing with poison prevention. Although the List is geared to Poison Prevention Week, most materials are relevant for year-around use. Supplies are greatest immediately prior to the campaign. Order from National Planning Council for National Poison Prevention Week, P.O. Box 1543, Washington, D.C. 20013.

Annual Report

A report of community activities during National Poison Prevention Week. Details programs among the various States. Order from National Planning Council for National Poison Prevention Week, P.O. Box 1543, Washington, D.C. 20013.

Directory of Poison Control Centers

A Directory of Poison Control Centers in the United States. Single copies available from the National Clearinghouse for Poison Control Centers, FDA, Room 302, 5401 Westbard Avenue, Bethesda, Maryland 20016.

WHAT'S IN IT FOR YOUR CHILD?

WILL IT BE A POISONING?

NO, *if* YOU keep medicines and household products out of his reach—locked up

NO, *if* YOU use original containers for kerosene, turpentine, lighter fluid —not soft drink bottles, glasses, or cups

NO, *if* YOU keep products properly labeled—and read the label

NO, *if* YOU store medicines separately from other products

NO, *if* YOU turn on the light when giving or taking medicine

NO, *if* YOU get rid of old prescriptions

CATEGORIES OF SUBSTANCES MOST FREQUENTLY INGESTED BY CHILDREN UNDER 5 YEARS OF AGE REPORTED BY POISON CONTROL CENTERS 1971 - 1973

TYPE OF SUBSTANCE	1973 No.	%
1. Aspirin	0576	6.5
Baby	4275	4.2
Adult	1098	1.1
Unspecified	1203	1.2
2. Soaps, Detergents, Cleaners	5513	5.4
3. Plants (excl. mushrooms & toadstools)	5394	5.3
4. Vitamins, Minerals	5146	5.1
5. Antihistamines, Cold Medicines	4770	4.7
6. Perfume, Cologne, Toilet Water	3062	3.0
7. Household Disinfectants, Deodorizers	3059	3.0
8. Miscellaneous Internal Medicines	3040	3.0
9. Psychopharmacologic Agents	3010	3.0
10. Household Bleach	2636	2.6
11. Chemicals	2286	2.3
12. Miscellaneous Analgesics	2218	2.2
13. Insecticides (excluding Mothballs)	2136	2.1
14. Hormones	2050	2.0
15. Liquid Polish or Wax	1996	2.0
16. Liniments	1982	2.0
17. Glues, Adhesives	1827	1.8
18. Cosmetic Lotions, Creams	1801	1.8
19. Miscellaneous Products	1800	1.8
20. Medicine Combinations	1741	1.7
21. Acids, Alkalies	1662	1.6
22. Miscellaneous External Medicines	1596	1.6
23. Fingernail Preparations	1517	1.5
24. Rodenticides	1483	1.5
25. Antiseptic Medication	1417	1.4

Source: Individual case reports submitted to the National Clearinghouse for Poison Control Centers, 1973: 117,589 reports from 517 Centers in 45 States [1]; 1972: 105,018 reports from 548 Centers in 47 States [2]; 1971: 84,370 reports from 505 Centers in 47 States[3].

[1] Includes District of Columbia, Canal Zone, Virgin Islands, and military bases abroad.

Source: National Clearinghouse for Poison Control Center, Food and Drug Administration, Department of Health, Education and Welfare.

"...the insatiable curiosity...to explore the unknown..."

The men who have gone to the moon and back have explored space in a very real sense. They have spent years in training and educating themselves to exploring the unknown. Their intelligence, experiences, mental and physical conditioning have equipped them—to a large extent—to cope with the potential hazards they may encounter.

Our young explorer does not have this equipment and still must face the hazards of his world. His "planets" are located in the kitchen, the bedroom, the bathroom—places where medicines, furniture polish, drain cleaner, and dishwasher detergents are stored. The child does not have the training and education necessary to cope with potential poisoning hazards. For his protection, your intelligence and experience are his only equipment.

NATIONAL POISON PREVENTION WEEK

FACT SHEET

1. Q. Why are so many accidental poisonings related to children under five years of age?

   A. Children under the age of five are in stages of growth and development where they are constantly exploring and investigating the world around them. This is the way they learn. It is a normal characteristic and should not be discouraged. Unfortunately, what children see and reach for, they place in their mouths. It is this hazard which parents must seek to prevent. As the youngsters' mobility, ingenuity, and capabilities increase, storage patterns of medicines and household products should be related to the age of each child—i.e., when he is crawling, while he is a toddler, and when he starts to climb. When he is crawling, he finds such products as scouring powder, floor wax, and laundry detergents stored under the kitchen sink and on the floor. As soon as he is able to stand, he finds such products as furniture polish within his reach on low-lying tables, as well as in purses on beds. When he starts to climb, he can reach the medicine cabinet and get to the medicines. These products should be locked up where possible, out of a child's reach—even though safety packaging is used.

   Q. There seems to be an obvious danger in using cups or soft-drink bottles to hold paint thinner, turpentine, gasoline, etc.

   A. Yes, this has been shown to be true. Children tend to associate cups, soft-drink bottles, drinking glasses, etc. with food and drink. Several fatalities, for example, have been reported when charcoal lighter fluid to start outdoor barbecue fires has been poured into such containers and subsequently swallowed.

3. Q. If I find my youngster playing with a bottle of medicine or some household product, how can I tell if he or she has swallowed some and will become ill?

   A. Reactions vary, depending on the product. In some instances, the child may vomit. In others, he may appear to be drowsy or sluggish for no apparent reason; you may notice that the contents have been reduced; you may notice some of the residue (if it were a liquid, for example) around his mouth and teeth. It is important to get medical advice even if you only suspect that he has ingested a potentially hazardous product. You should know the telephone numbers of your physician, the nearest poison control center, or your general hospital emergency room.

4. Q. If my child is accidentally poisoned or eats or drinks a substance which might be a poison, where can I find information on treatment?

   A. There are presently 580 Poison Control Centers in the United States that maintain information for the physician or the public on necessary treatment for the ingestion of household products and medicines. They are familiar with the toxicity (how poisonous it is) of most substances found in the home or know how and where to find this information.

5. *Q.* Are there some first aid measures I can take when an ingestion takes place?

A. The first thing to do is to read the label. Knowing what the product is will indicate correct first aid procedures. On some labels, specific first aid information is given. In some instances, vomiting is not indicated. If the patient is unconscious or in a coma or if a caustic such as lye has been ingested, vomiting is not recommended. While emesis is not normally considered a first aid measure when petroleum distillates have been ingested, this procedure may be recommended by your physician or poison control center. In other cases, the child should be made to vomit. (A wise precaution is to keep activated charcoal and a one-ounce supply of Syrup of Ipecac in the home; The latter is used to induce vomiting and eliminates the necessity of using a spoon or some other gagging method. To learn how to use the charcoal or the syrup, read the label or ask your pharmacist for directions. These will remind you to call a physician before administering.) If you take the child to the hospital emergency room or doctor's office, take the bottle with you. The physician will need to know precisely what the label says. (When household products and medicines are brought into the home, labels should be protected and securely fastened with transparent tape to keep them legible.)

6. *Q.* We have been talking about poisonings among children. Do adults get poisoned accidentally?

A. Yes, most often, they are poisoned through carelessness—carelessness such as giving or taking medicine in the dark, mistaking one container for another, or putting a hazardous substance into a container used for drinking. To avoid such accidents, adults should remember to store internal medicines separately from other household products and always use the original containers. These actions will go a long way towards preventing accidents not only among adults but also among children.

7. *Q.* What is the Poison Prevention Packaging Act?

A. This legislation, Public Law 91-601, has as its basic concept the protection of children from accidentally ingesting toxic substances by requiring safety closures and other safety packaging. The package must be so designed that most children under the age of five will find it difficult to open but it will still be relatively uncomplicated in the hands of an adult. The design must be feasible in terms of packaging technology, practicable in its adaptability to techniques of mass production, and appropriate in maintaining the integrity of the substance contained.

8. *Q.* Why do we need safety packaging?

A. One of the most serious medical emergencies facing young children today is the hazard of accidental poisoning. (During 1974, over 200,000 accidental ingestions of household substances were reported to the Food and Drug Administration's National Clearinghouse for Poison Control Centers. Approximately 130,000 involved children under five years of age.)

9. *Q.* As a parent, how certain can I be regarding the safety of this kind of packaging?

A. Although these safety containers are an additional feature in providing an increased element of protection, safe storage is still important. Children, because of their agility and ingenu-

ity, are going to investigate several different ways of opening a container. If their fingers won't work, their teeth might. Recognizing that, as a practical matter, it would be impossible to manufacture a package or a closure that would prevent every single child from getting into the contents under all possible circumstances, the Poison Prevention Packaging Act requires that the packages be difficult for children under five years of age to obtain a toxic amount within a reasonable time. This requirement does not mean that all such children would be unable to open or otherwise obtain a toxic amount. For example, the present regulation requires that aspirin be packaged in special containers which would make it difficult for 80% of those children tested to open the container. Obviously, then, it is conceivable that two children out of every 10 might be able to open the container. To safeguard even these two, constant diligence and strict following of poison prevention measures should be observed.

It is very important that adults use safety packaging properly. This means carefully reading the directions for opening and resecuring safety features and making certain to close all packages securely after use, and not transferring contents to other containers. Difficulty in using safety packaging can frequently be overcome by asking for help (from the pharmacist or merchant from whom the product was purchased) in learning how to open and close the packaging. Remember, opening and closing become easier with practice.

10. *Q.* What kind of products can I expect to find in special packaging?

A. Aspirin-containing products, certain types of liquid furniture polish, oil of wintergreen, narcotics and other dangerous drugs, drain cleaners, oven cleaners, charcoal and cigarette lighter fluids, turpentine, windshield washer solutions, oral dosage prescription drugs, certain iron-containing drug and dietary supplements, certain paint solvents, and automobile antifreeze are required to be in child-resistant packaging. Other products containing pine oil, ammonia, and camphor are being considered for coverage.

11. *Q.* Why do some furniture polishes have warning labels when others do not?

A. The basis for labeling requirements is the relative toxicity of a product. Some furniture polishes, for example, do not contain petroleum distillates, which are responsible for most of the hazards associated with swallowing this particular kind of product.

12. *Q.* There are no small children in my home. Why do I have to use safety packaging?

A. To benefit people who are elderly or infirm, the Law allows a manufacturer to place a regulated product in a single size package that doesn't comply with the safety packaging standard if all other packages of that product are child-resistant. Additionally, if a prescription is involved, the purchaser or prescribing physician can request regular, non-safety packaging.

Hopefully, however, such requests will be kept to a minimum since they increase the danger of childhood poisonings. Accidents have happened when older persons carried medicines into homes with small children. Little ones have been poisoned after finding vials left in purses or on

bedside tables.

13. *Q.* Lead in paint is a serious problem if a child should ingest it. What is being done to correct this problem?

A. Since January, 1974, paints, by law, have been limited in lead content. This order has also applied to any toy or article intended for use by children which is coated with paint or any similar material. However, in the past, paints could—and did—contain much higher levels of lead. Today, children run the risk of lead poisoning when they habitually pick at and eat the flakes of paint from old, deteriorating painted surfaces. Workers and entire families face the same hazard when older homes and other buildings are rehabilitated and sanding raises dust as leaded paint is removed from inner surfaces such as walls, floors, and ceilings.

14. *Q.* What is National Poison Prevention Week?

A. Public Law 87-319 authorizes the President to designate annually the third full week in March as National Poison Prevention Week. Congress intended this observance as a means for local communities to emphasize the dangers of accidental poisonings and take such preventive measures as these dangers warrant.

15. *Q.* Is there any evidence that child-resistant packaging is effective in reducing the number of accidental childhood poisonings?

A. According to data recently released by the National Center for Health Statistics, which receives mortality reports from all states in the Union, the total number of deaths among children under five from accidental poisonings has been declining for some years.

The size of the decline in 1973 is noteworthy because the first regulations requiring safety packaging for aspirin products were written in 1972. From 1972 to 1973, these childhood deaths declined from 216 to 149, and the involvement of aspirin products in these deaths declined 43.5% (26 deaths). Also in 1973, aspirin represented a smaller percentage (17.4%) of involved substances than ever before. This decline continued in 1974 with a total of 135 such deaths, 24 involving aspirin.

16. *Q.* Are there any good housekeeping rules I can use to prevent poisoning accidents?

A. Keep all household products and medicines out of reach of youngsters and, preferably, locked up when not in use. When these products are in use, they should never be out of sight of adults—even if it involves the adults' taking them along when answering the telephone or the doorbell.

Internal medicines should be stored separately from other household products.

Items should be kept in their original containers—never in cups or soft drink bottles.

All products should be properly labeled, and one should read the label before using.

The light should always be on when giving or taking medicines.

Adults should avoid taking medicines in front of children since youngsters tend to imitate grown-ups.

Medicines should be referred to as "medicines"—not "candy."

The medicine cabinet should be cleaned out periodically, and unneeded medicines should be disposed of when the illness for which they were prescribed is over.

Finally, safety packaging should be used properly—by closing the container securely after use.

17. *Q.* Where can I get information on preventing poisonings?

A. In addition to contacting the National Planning Council for National Poison Prevention Week, P.O. Box 1543, Washington, D.C. 20013, you may contact your local health department, your local Poison Control Center, or your state health department.

SUPPLEMENTAL WORK SHEETS AND PICTURES FOR PUPILS

The following sheets are provided to assist the teacher in devising materials for independent use of pupils in relation to the preceding learning activities. They are presented as suggestions only. The drawings are offered as a means of assisting the teacher who does not have access to other illustrative materials. They are not intended for coloring or as substitutes for original pupil designs. They are intended, rather, for use in discussion situations and as suggestions for figures to be used on flannelboards.

My name is _____

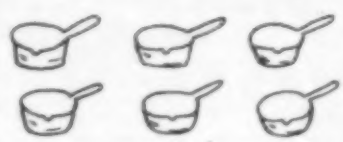
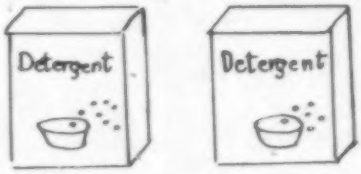
Match these pictures and words. Use them to tell a story about safe living.

bottles	lock and key	mouth
spray	the doctor	drink
polish	a nurse	medicine

Cleaning Out the Kitchen Cupboard -A Game
Match Words and Pictures

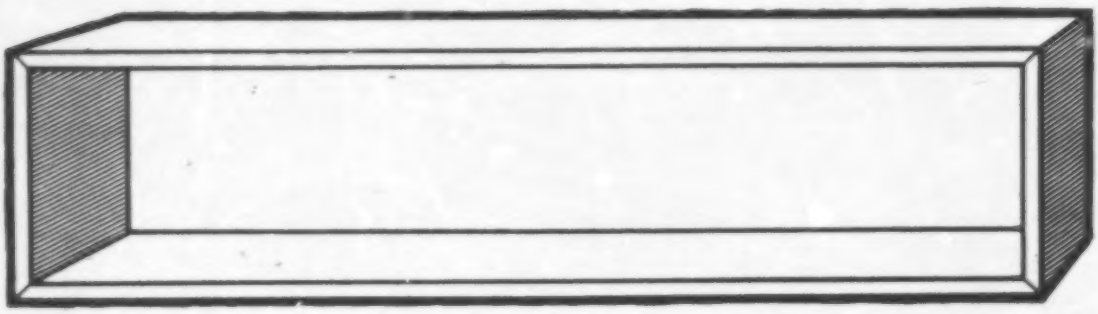
Mother said, "I must clean out the kitchen cupboard. I will put cans and bottles which are not safe high up where baby cannot reach them. I will leave safe things in the cupboard so that I can reach them when I need them."

Mother looked in the cupboard. These are the things she found there. Look on the next page. See the high shelf. See the low cupboard. Can you show where Mother put the kitchen things?

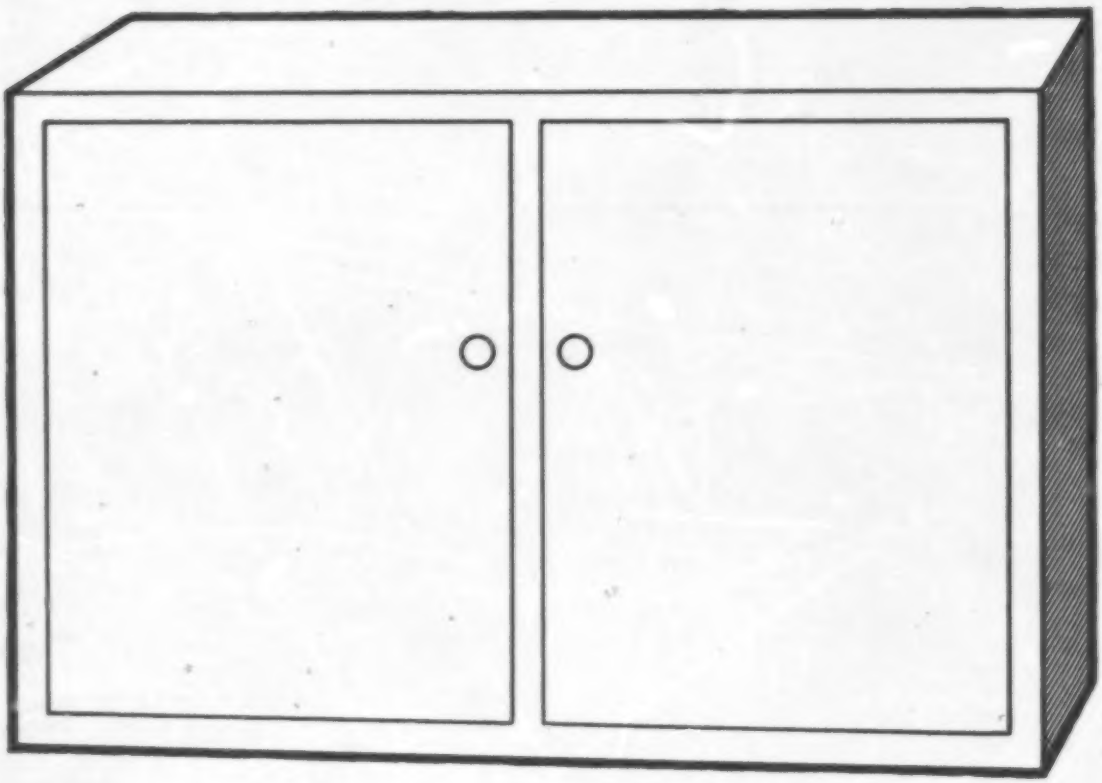
	
	
four towels	three cans of polish
six pans	two boxes of detergent
one bottle of bleach	five cans of cleanser

My name is _____

This is where mother put the kitchen things to help keep baby safe from poisoning.

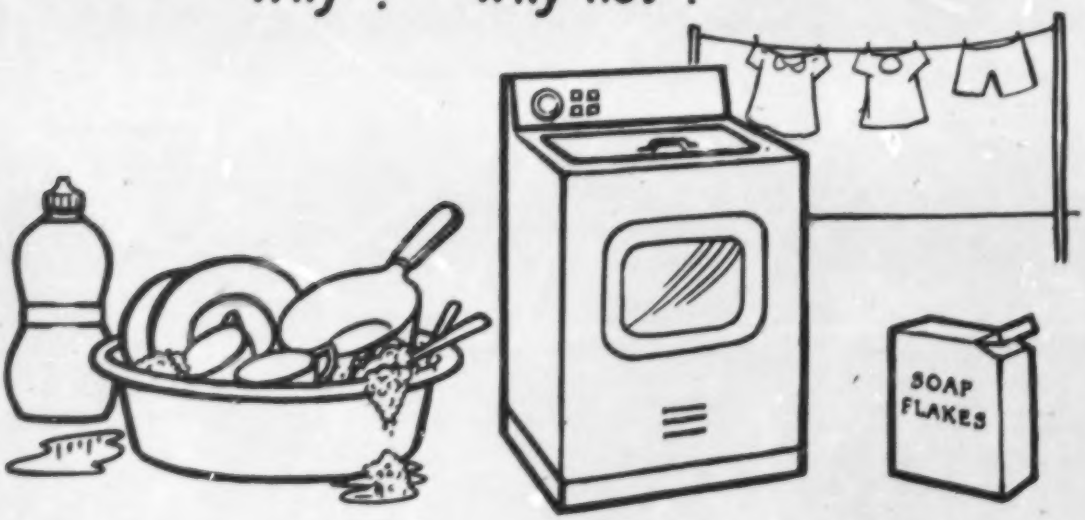


on a high shelf



in a low cupboard

Do we put these things in our mouths ?
Why ? Why not ?



detergent

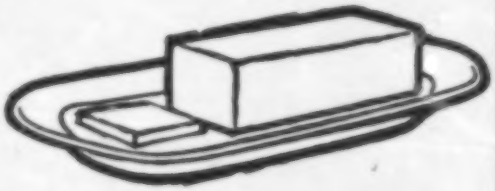
soap flakes

medicine

paint

Do we put these things into our mouths ?
Why ? Why not ?

BREAD



BUTTER

CLEANING POWDER

APPLE

HELP MOTHER AND FATHER PROTECT BABY

Here are some SUGGESTIONS. You think of others.

1. Help keep the floor clean. Pick up pins, marbles, mothballs, or other things which might harm baby. Handle them CAREFULLY so you won't hurt yourself. Give them to mother.
2. Watch little brother or sister when he plays. If he puts HARMFUL things in his mouth, GENTLY take them away. Give him something SAFE to play with instead.
3. Be WATCHFUL. Keep baby away from low shelves or cupboards where cleaners may be stored. TELL MOTHER if you see an open bottle of medicine where you or baby could reach it. Ask her to put the safety cap back on tightly and put the bottle away.
4. Don't let baby play with the waste basket. Don't let him play with purses.
   DON'T PLAY WITH THEM YOURSELF. They might contain something POISONOUS.
5. Can you make up some sentences about staying safe using the following words?

WORDS TO USE			
harmful	cleaner	shelves	safety caps
gently	protect	cupboard	poisonous
medicine	contain	carefully	watchful

Finish these sentences:

1. Keep baby_____ from poisons.
2. Help mother and father _____baby.
3. Keep_____ things out of baby's reach.
4. Help baby find safe _____.

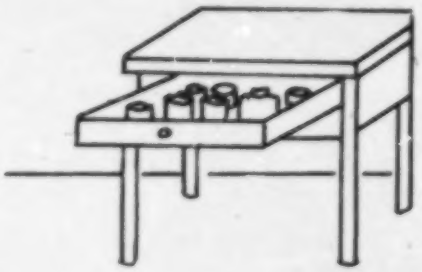
ANSWERS
1. safe (or away)
2. protect
3. harmful (or poisonous)
4. play things

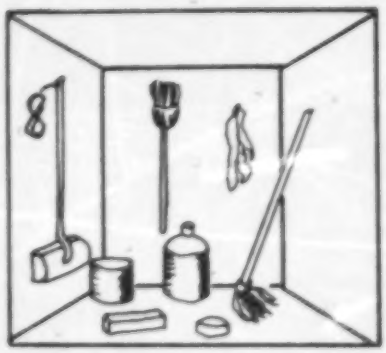
A Reading Activity Suggested for Third Grade

SOME CHILDREN ARE WISE. SOME ARE NOT. ARE YOU A WISE CHILD? HERE'S A WAY TO PROVE IT!

This is a table drawer.

A wise boy or girl will not open it. A wise boy or girl will not take anything out of it. A wise child knows the things in the drawer do not belong to him. A wise child knows that some things in the drawer, like medicine, might be harmful. A wise child leaves table drawers closed. He does not take things out of them without asking.



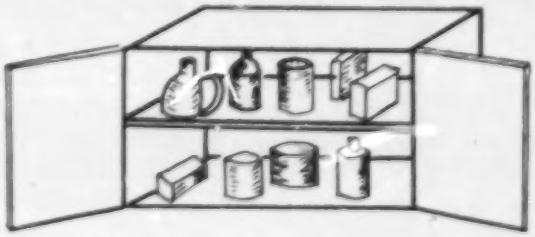


This is a cleaning closet.

It contains cleaners, polishes, vacuum cleaners, and other things. Wise children leave the door to a cleaning closet alone. They know that it contains some things which might be harmful to them. They stay away from cleaning closets. They stay away from polishes, cleaners, and machines.

Here is a kitchen cupboard.

Wise children do not touch the contents of a kitchen cupboard. They know it might contain powders, cleaners, lyes and other things that could burn or poison them. Wise children do not touch the things in a kitchen cupboard.



This is a medicine cabinet.

Wise children will not touch it. They will not take anything out of it. Wise children know that a medicine cabinet may contain medicines which might be poisonous to them. They know that medicine may be good for them sometimes. But they know that medicine is not candy. They never take medicine by themselves. They let grown-ups give them medicine when they need it. They do not touch bottles or boxes that contain pills, liquids, or powders.

This is a workshop.

There are many tools and machines here. The tools and machines can be dangerous. There are bottles of paint and paint cleaner here. Some dangerous sprays may be stored here. Wise children know that some of these things may be poisonous, even if they are in cups or soft drink bottles.

Here is grandma's handbag.

Most children love a grandmother. She brings them candy and other good things to eat. But wise children know that some things in her handbag can be dangerous to eat—even if those things look like colored candy.

They don't play with the little bottles and try to open the safety caps. They know that these bottles, which children find hard to open and adults open more easily, are made to protect little children who don't know they should not taste.

CLUES

Each of these lists contains nine words which you know well. They are clues to a story about an accident that almost happens. Can you be a story detective and discover from these words clues to what happened? Tell the story using all of the words in the list.

1.	2.	3.	4.
grandmother	baby	father	girl
visit	sick	shoes	kitchen
pocketbook	doctor	floor	baby
open	medicine	dirty	floor
aspirin	mother	mother	cupboard
baby	phone	cleanser	lye
chew	brother	baby	taste
poison	reach	open	cry
telephone	taste	sick	save

Method

The teacher writes each list of words on the board. She explains their meaning, as related to poison prevention. Each child then receives a sheet of paper on which to write his story. A time limit is set for each word grouping. When the time is up all of the children who were able to complete a story using all nine words are asked to read their stories aloud. The group chooses the best story, checking to be sure it includes all of the words.

(If writing skills are not sufficient for this activity, children may take turns trying to *tell* a story using all of the words. Such a story may be dictated and written on the board by the teachers.)

SETTING A GOOD EXAMPLE — A WRITING OR READING ACTIVITY

Assignment:

List ten ways in which you can set a good example to younger boys and girls and so help prevent poisoning accidents.

In organizing their thoughts in order to carry out this assignment, children might consider areas where poisoning may occur, as the kitchen, the bathroom or the yard. They might wish to organize their thoughts around activities, such as playing, eating, cleaning and gardening. Such a list may be taken home to parents for their information; distributed to other classrooms after a talk on poison prevention; submitted for publication in the school paper, or developed into a poster and placed on a bulletin board in a corridor used by all children in the school.

For younger children, the list might be shortened to four or five suggestions, and dictated to the teacher who may list them on the blackboard or tagboard, and then use the list as part of a reading activity.

TRUE–FALSE QUIZ –
A CULMINATING READING ACTIVITY

This check list is for use after discussion experiences. The statements listed are offered as suggestions only. The teacher may wish to design statements of her own, according to pupils' reading ability and knowledge of the subject.

If duplicate copies are prepared, each child could have his own copy. If any child's response to even one statement is incorrect, it is suggested that the teacher discuss it with him personally to ascertain whether this was due to lack of reading skill or to a misconception. Any misconceptions concerning poisonous products are dangerous and should be corrected at once.

Directions to children: Here are seven sentences about poison prevention. Some of them are true and some are false. In the box beside any sentence which is true, write "Yes." In the box beside any sentence which is false, write "No."

1. We should always ask a grown-up before we taste anything we find in a can or bottle that is new to us.	
2. If a ottle, can, or box has a poison label on it, we should let it alone.	
3. If there is no poison label on a bottle, it is safe for us to taste what is inside.	
4. Some pills taste and look like candy. Does this mean that they are candy and safe to eat?	
5. Cans of food and cans of cleaner should be kept in different places for safety.	
6. We should stay out of the way when a grown-up is using a spray.	
7. It is wise to leave cans of lye, bleach, spray, or cleaner alone.	